

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
RUC RECOMMENDATIONS FOR CPT 2022  
April 2020 Meeting**

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May 5, 2020

Seema Verma, MPH  
Administrator  
Center for Medicare  
Centers for Medicare and Medicaid Services  
7500 Security Boulevard  
Baltimore, MD 21244-1850

Subject: RUC Recommendations

Dear Administrator Verma:

The American Medical Association (AMA)/Specialty Society RVS Update Committee (RUC) submits the enclosed recommendation for work relative value for CPT code 93621 to the Centers for Medicare & Medicaid Services (CMS). The service was identified by the RUC as potentially misvalued and was reviewed at the April 24, 2020 RUC meeting. There were no new/revised codes for *CPT 2022* under consideration at this meeting.

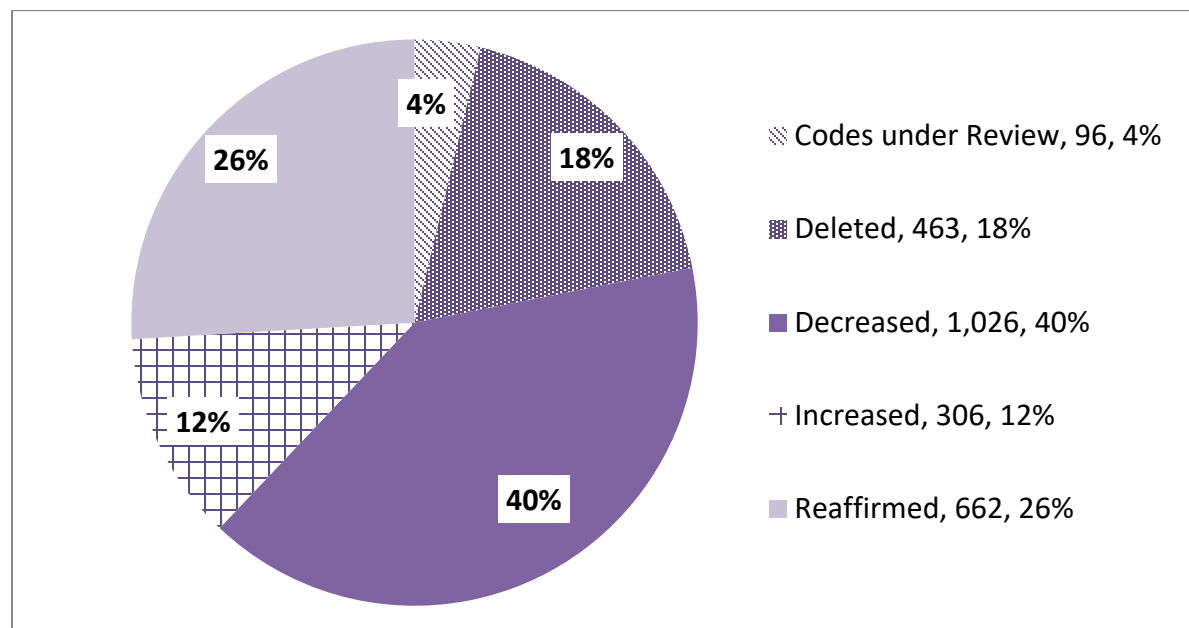
Please note, the RUC met virtually in April 2020 due to the COVID-19 pandemic. Many specialty societies chose to postpone their codes to the October RUC meeting. The following items of business will be considered by the RUC at its meeting in October 2020:

- Treatment of Foot Infection (28001, 28002, 28003)
- Placement/ Removal of Seton (46020, 46030)
- Destruction by Neurolytic Agent (64633, 64634, 64635, 64636)
- Strabismus Surgery (67311, 67312, 67314, 67316, 67318, 67320, 67331, 67332, 67334, 67335, 67340)
- X-Rays at Surgery Add-On (74300, 74301, 74328, 74329, 74330)

*RUC Progress in Identifying and Reviewing Potentially Misvalued Codes*

Since 2006, the RUC has identified 2,553 potentially misvalued services through objective screening criteria and has completed review of 2,457 of these services. The RUC has recommended that over half of the services identified be decreased or deleted (Figure 1). The RUC has worked vigorously over the past several years to identify and address mis-valuations in the RBRVS through provision of revised physician time data and resource recommendations to CMS. The RUC looks forward to working with CMS on a concerted effort to address potentially misvalued services. *A detailed report of the RUC's progress is appended to this letter (attachment 01).*

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



### Practice Expense Subcommittee

The RUC calls on CMS to separately identify and pay for high cost disposable supplies. The RUC makes this recommendation in order to address the outsized impact that high cost disposable supplies have within the current practice expense RVU methodology. The current system not only accounts for a large amount of direct practice expense for these supplies, but also allocates a large amount of indirect practice expense into the PE RVU for the procedure codes that include these supplies. Because of specialty pools, when CPT codes include a high cost disposable supply, a larger portion of indirect practice expense is allocated to the subset of practices performing the service which is subsidized by the broader specialty. If high cost supplies were paid separately with appropriate HCPCS codes, the indirect expense would no longer be associated with that service. The result would be that indirect PE RVUs would be redistributed throughout the specialty practice expense pool. **The RUC recommends that CMS separately identify and pay for high cost disposable supplies priced in excess of \$500 using appropriate HCPCS codes. The pricing of these supplies should be based on a transparent process, where items are annually reviewed and updated.**

### Technical Correction

The RUC has identified 57 services with zero minutes of clinical staff time listed for CA021, *perform procedure/service---NOT directly related to physician work time*. The RUC requests that CMS revise the practice expense for these services as a technical correction. The clinical activity appears to be a remnant of clinical staff time being removed when moderate sedation was

unbundled from the codes. **The RUC recommends CMS remove clinical staff activity CA021 for 57 services as the clinical activity is no longer applicable for those codes. Please find the CPT codes listed in the attachment entitled *02 CPT codes with 0 min for CA021* included with this letter.**

*Enclosed Recommendations and Supporting Materials*

Included in this submission are:

- RUC Recommendation Summary of Existing Codes Identified by CMS or the RAW
- RUC Recommendation Status Report for 2,553 services identified to date by the Relativity Assessment Workgroup and CMS as potentially misvalued. In addition, a spreadsheet containing the codes specific to this submission is included.
- RUC Referrals to the CPT Editorial Panel – both for CPT nomenclature revisions and *CPT Assistant* articles.
- Physician Time File: A list of the physician time data for each of the CPT codes reviewed at the April 2020 RUC meeting.
- Pre-Service and Post-Service Time Packages Definitions: The RUC developed physician pre-service and post-service time packages which have been incorporated into these recommendations. The intent of these packages is to streamline the RUC review process as well as create standard pre-service and post-service time data for all codes reviewed by the RUC.
- PLI Crosswalk Table: The RUC has committed to selecting appropriate professional liability insurance crosswalks for new and revised codes and existing codes under review. We have provided a PLI Crosswalk Table listing the reviewed code and its crosswalk code for easy reference. We hope that the provision of this table will assist CMS in reviewing and implementing the RUC recommendations.
- BETOS Assignment Table: The RUC, for each meeting, provides CMS with suggested BETOS classification assignments for new/revised codes. Furthermore, if an existing service is reviewed and the specialty believes the current assignment is incorrect, this table will reflect the desired change.
- Utilization Crosswalk Table: A table estimating the flow of claims data from existing codes to the new/revised codes. This information is used to project the work relative value savings to be included in the 2022 conversion factor increase.
- New Technology List and Flow Chart: In April 2006, the RUC adopted a process to identify and review codes that represent new technology or services that have the

Seema Verma, MPH

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potential to change in value. To date, the RUC has identified 676 of these procedures through the review of new CPT codes. A table of these codes identified as new technology services and the date of review is enclosed, as well as a flow chart providing a detailed description of the process to be utilized to review these services.

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

Sincerely,

A handwritten signature in black ink, appearing to read "Peter K. Smith, MD". The signature is fluid and cursive, with the last name "Smith" being more prominent.

Peter K. Smith, MD

Enclosures

cc: RUC Participants  
Edith Hambrick, MD  
Gift Tee  
Karen Nakano, MD  
Marge Watchorn  
Michael Soracoe

[illegible]

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS  
RUC RECOMMENDATIONS FOR CPT 2022**

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**RUC Recommendations for CMS Requests & Relativity Assessment Identified Codes April 2020**

<b>CPT Code</b>	<b>Long Descriptor</b>	<b>Issue</b>	<b>Tab</b>	<b>RUC Recommendation</b>	<b>High Volume Growth</b>
93621	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with left atrial pacing and recording from coronary sinus or left atrium (List separately in addition to code for primary procedure)	Electrophysiologic Evaluation	9	1.44	X

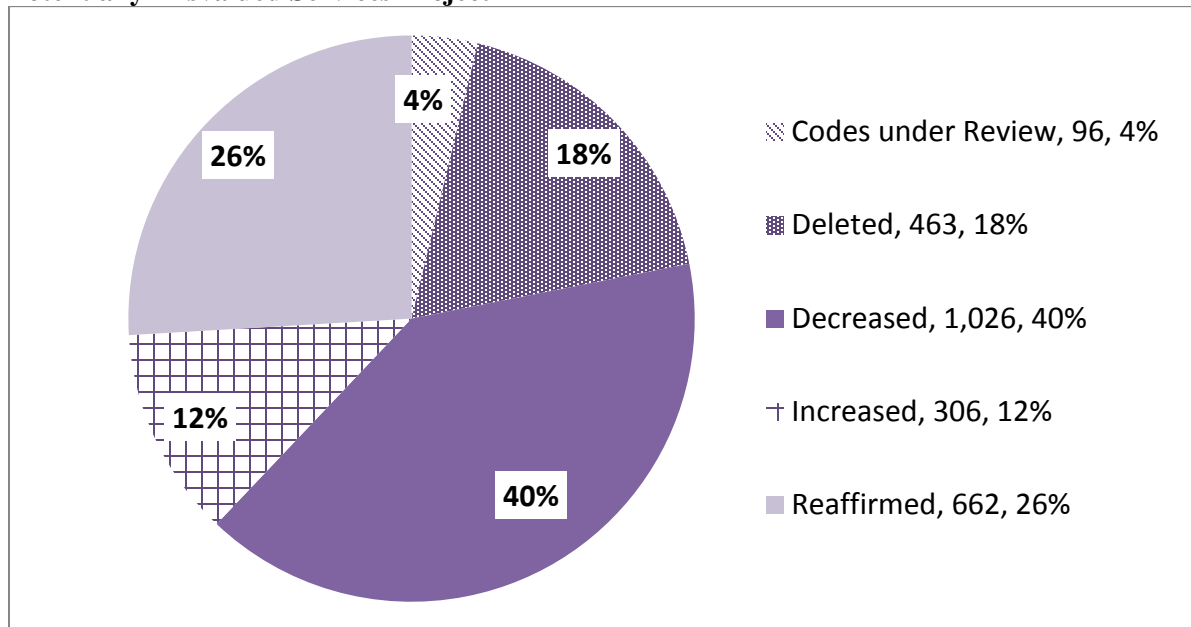


## The RUC Relativity Assessment Workgroup Progress Report

In 2006, the AMA/Specialty Society RVS Update Committee (RUC) established the Five-Year Identification Workgroup (now referred to as the Relativity Assessment Workgroup) to identify potentially misvalued services using objective mechanisms for reevaluation prior to the next Five-Year Review. Since the inception of the Relativity Assessment Workgroup, the Workgroup and the Centers for Medicare and Medicaid Services (CMS) have identified more than 2,500 services through 20 different screening criteria for further review by the RUC. Additionally, the RUC charged the Workgroup with maintaining the “new technology” list of services that will be re-reviewed by the RUC as reporting and cost data become available.

To provide Medicare with reliable data on how physician work has changed over time, the RUC, with more than 300 experts in medicine and research, are examining 2,553 potentially misvalued services accounting for \$45 billion in Medicare spending. The update committee has recommended reductions and deletions to 1,489 services, redistributing \$5 billion annually. Here are the outcomes for the committee’s review of 2,553 codes:

### Potentially Misvalued Services Project



Source: American Medical Association

### New Technology

As the RUC identifies new technology services that should be re-reviewed, a list of these services is maintained and forwarded to CMS. Currently, codes are identified as new technology based on recommendations from the appropriate specialty society and consensus among RUC members at the time of the RUC review for these services. RUC members consider several factors to evaluate potential new technology services, including: recent FDA-approval, newness or novelty of the service, use of an existing service in a new or novel way, and migration of the service from a Category III to Category I CPT® code. The Relativity Assessment Workgroup maintains and develops all standards and procedures associated with the list, which currently contains 676 services. In September 2010, the re-review cycle began and since then the RUC has recommended 48 services to be re-examined. The remaining services

are rarely performed (i.e., less than 500 times per year in the Medicare population) and will not be further examined. The Workgroup will continue to review the remaining 214 services every October after three years of Medicare claims data is available for each service.

### **Methodology Improvements**

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

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

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

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

### **Site of Service Anomalies**

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

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

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

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

The RUC will reassess the data each year going forward to determine if any new site of service anomalies arise. In 2015, the RUC identified three services in which the Medicare data from 2011-2013 indicated it was performed less than 50% of the time in the inpatient setting, yet included inpatient hospital Evaluation and Management services within the global period. These services were referred to CPT and recommendations were submitted to CMS for the 2018 Medicare Physician Payment Schedule.

In 2016, the RUC identified one site of service anomaly CPT code and submitted the recommendation to CMS for the 2019 Medicare Physician Payment Schedule. In 2017, the RUC identified one site of service anomaly CPT code which was revised at the CPT Editorial Panel and the RUC submitted recommendations for the 2020 Medicare Physician Payment Schedule.

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

In 2019, the RUC lowered the threshold for site-of-service anomalies based on the review of three years of data (2016, 2017 and 2018e) for services with utilization over 5,000 in the outpatient setting more than 50% of the time but includes inpatient hospital Evaluation and Management services within the global period. The RUC identified nine services, expanding to 10 services to include the family of services. The RUC referred three codes to the CPT Editorial Panel for revision and submitted seven recommendations for the 2021 Medicare Physician Payment Schedule.

### **High Volume Growth**

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

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

In April 2013, the RUC assembled a list of all services with a total Medicare utilization of 10,000 or more that have increased by at least 100% from 2006 through 2011. The query resulted in the identification of 40 services and expanded to 62 services to include the appropriate family of services. The RUC recommended removing three services from the screen as the volume growth did not impact the resources required to provide these services. The RUC recommended review of two services after an additional utilization data is collected. The CPT® Editorial Panel deleted ten codes and the RUC submitted recommendations for 47 services for the 2015-2019 Medicare Physician Payment Schedule.

In October 2015, the RUC ran this screen again for services based on Medicare utilization of 10,000 or more that have increased by at least 100% from 2008 through 2013. The query resulted in the identification of 19 services and expanded to 31 services to include the appropriate family of services. The RUC recommended removing one service from the screen as the volume growth did not impact the resources required to provide these services. The RUC will review three services after an additional utilization data is collected. The CPT Editorial Panel deleted 12 codes and the RUC submitted recommendations for 15 services for the 2017-2020 Medicare Physician Payment Schedules.

In October 2016, the RUC ran this screen for its fourth iteration and the query resulted in the identification of 12 services, which was expanded to 46 services. The RUC recommended removing two services from the screen as the volume growth did not impact the resources required to provide these services. The CPT Editorial Panel deleted three services. The RUC submitted recommendations for 38 services for the 2019-2020 Medicare Physician Payment Schedules. The RUC referred one service to CPT for revision and will review one service for the 2022 Medicare Physician Payment Schedule.

In October 2018, the RUC ran this query for its fifth iteration for services with 2017e Medicare utilization of 10,000 or more that has increased by at least 100% from 2012 through 2017. Eleven (11) codes were identified. The RUC recommended removing two services from the screen as the volume growth was appropriate. The CPT Editorial Panel deleted one code. The RUC referred one code to the CPT Editorial Panel for revision and submitted recommendations for seven services for the 2020-2021 Medicare Physician Payment Schedule.

In October 2019, the RUC completed its sixth iteration of this screen for services with 2018e Medicare utilization of over 10,000 that have increased by at least 100% from 2013 through 2018. The RUC identified 12 services. The RUC removed three services from the screen as the volume growth did not impact the resources required to provide these services. The RUC referred four codes to the CPT Editorial Panel for revision and will review one code after additional utilization data is available. The RUC submitted recommendations for two services for the 2021 Medicare Physician Payment Schedule and will review the remaining two service for the 2022 Medicare Physician Payment Schedule.

### **CMS Fastest Growing**

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

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

### **High IWPUT**

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

### **Services Surveyed by One Specialty – Now Performed by a Different Specialty**

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

In April 2013, the RUC queried the top two dominant specialties performing services based on Medicare utilization more than 1,000 and compared it to who originally surveyed the service. Two services were identified and the RUC recommended that one be removed from the screen since the specialty societies currently performing this service indicated that the service is appropriate and recommended that the other code be referred to CPT® to be revised. The RUC completed review of services under this screen.

In October 2019, the RUC queried the top two dominant specialties performing services based on Medicare utilization more than 1,000 and compared it to who originally surveyed the service. Two services were identified, and the RUC referred them to the CPT Editorial Panel for revision and the CPT Assistant for education.

## **Harvard Valued**

### *Utilization over 1 Million*

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

### *Utilization over 100,000*

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

### *Utilization over 30,000*

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

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

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

In October 2019, the RUC reran this screen on Harvard valued services with 2018e Medicare utilization over 30,000. Three services were identified. The RUC referred two services to the CPT Editorial Panel for revision and will review one service for the 2022 Medicare Physician Payment Schedule.

### *Medicare Allowed Charges >\$10 million*

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

## **CMS/Other**

### *Utilization over 500,000*

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

### *Utilization over 250,000*

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

### *Utilization over 100,000*

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

### *Utilization over 30,000*

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

In October 2018, the RUC reran this screen for CMS/Other source codes with 2017e Medicare utilization over 30,000, which resulted in seven services and expanded to 15 services. The RUC referred one code to the CPT Editorial Panel for revision and the CPT Editorial Panel deleted another code. The RUC submitted recommendations for 13 services for the 2020-21 Medicare Physician Payment Schedules.

### *Utilization over 20,000*

In October 2019, the RUC lowered the threshold for this screen of CMS/Other source codes with 2018e Medicare utilization over 20,000, which resulted in nine services and expanded to 10 to include the family of services. The RUC referred three codes to the CPT Editorial Panel for revision. CPT deleted two codes. The RUC removed one service from this screen and will review one service after additional utilization data is available. The RUC submitted recommendations for three services for the 2021 Medicare Physician Payment Schedule.

## **Bundled CPT® Services**

### *Reported 95% or More Together*

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

### *Reported 75% or More Together*

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

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

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

In October 2017 the Relativity Assessment Workgroup performed the fifth cycle analysis of code pairs reported together with 75% or greater frequency. Only groups that totaled allowed charges of \$5 million or more were included. As with previous iterations, any code pairs in which one of the codes was either

below 1,000 in Medicare claims data and/or contained at least one ZZZ global service were removed. Based on these criteria four groups or 8 codes were identified. The Relativity Assessment Workgroup determined two groups totaling four codes require code bundling solutions. Of the 12 total codes under review, the CPT Editorial Panel deleted one service. The RUC submitted 11 code recommendations for the 2020 and 2021 Medicare Physician Payment Schedules. The RUC completed review of all services under this screen.

### **Low Value/Billed in Multiple Units**

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

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

### **Low Value/High Volume Codes**

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

### **Multi-Specialty Points of Comparison List**

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

### **CMS High Expenditure Procedural Codes**

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

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



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

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

### **Services with Stand-Alone PE Procedure Time**

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

### **Pre-Time Analysis**

In January 2014, the RUC reviewed codes that were RUC reviewed prior to April 2008, with pre-time greater than pre-time package 4 *Facility - Difficult Patient/Difficult Procedure* (63 minutes) for services with 2012 Medicare Utilization over 10,000. The screen identified 19 services with more pre-service time than the longest standardized pre-service package and was expanded to 24 to include additional codes as part of the family. The RUC reviewed these services and referred three services to the CPT® Editorial Panel for revision. The CPT Editorial Panel deleted one service and will review three services for CPT 2018. The RUC reviewed 18 services and noted that they were all originally valued by magnitude estimation and therefore readjustments in pre-service time categories did not alter the work values. Additionally, crosswalk references for each service were presented validating the pre-time adjustments. The RUC noted that this screen was useful, however did not reveal any large outliers and therefore the utilization threshold does not need to be lowered to identify more services. The RUC submitted 20 recommendations for the 2016 Medicare Physician Payment Schedule. The RUC completed review of services under this screen.

### **Post-Operative Visits**

#### *010-Day Global Codes*

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

In October 2019, the identified five 010-day global period services more than one office visit based on 2018e Medicare utilization over 1,000. The RUC submitted three recommendations for the 2021 Medicare Physician Payment Schedule and will submit the remaining two for the 2022 Medicare Physician Payment Schedule.

### *090-Day Global Codes*

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

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

### **High Level E/M in Global Period**

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

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

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

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

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

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

### **Negative IWPUT**

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

### **Contractor Priced with High Volume**

In April 2018, the RUC identified five contractor-priced Category I CPT codes that have 2017 estimated Medicare utilization over 10,000. The RUC expanded the services identified in this screen to seven to include additional codes as part of a family. The RUC referred two codes to the CPT Editorial Panel for deletion. The RUC submitted four recommendations for the 2020-2021 Medicare Physician Payment Schedule. The RUC will review the remaining service after two years of additional data is available.

### **CPT Modifier -51 Exempt List**

In April 2018, the RUC identified seven services on the CPT Modifier -51 *Multiple Procedures* exempt list with 2017 estimated Medicare utilization over 10,000. The RUC examined the data provided on the percentage reported alone, physician pre and intra time and determined that this is an appropriate screen. The RUC recommended that four services be removed from the Modifier -51 exempt list and that three services remain on the list as they are separate and distinct services. The RUC notes that the CPT Editorial Panel will be reexamining this list in February 2019. The RUC has completed review of the services under this screen.

### **Public Comment Requests**

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

#### *Final Rule for 2013*

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

#### *Final Rule for 2014*

CMS did not receive any publicly nominated potentially misvalued codes for inclusion in the Proposed Rule for 2014. To broaden participation in the process of identifying potentially misvalued codes, CMS sought the input of Medicare contractor medical directors (CMDs). The CMDs have identified over a dozen services which CMS is proposing as potentially misvalued. The RUC reviewed these services and appropriate families, totaling 90 services. The CPT® Editorial Panel deleted 11 services. The RUC submitted recommendations to CMS for 79 services for the 2015-2018 Medicare Physician Payment Schedules. The RUC has completed review of the services under this screen.

#### *Final Rule for 2015*

In the Final Rule for 2015 the public and CMS nominated 26 services as potentially misvalued, which the RUC expanded to 53 services to include additional codes as part of this family. The CPT Editorial Panel

deleted 16 services. The RUC submitted 37 recommendations for the 2016-2019 Medicare Physician Payment Schedules. The RUC has completed review of the services under this screen.

#### *Final Rule for 2016*

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

#### *Final Rule for 2017*

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

#### *Final Rule for 2018*

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

#### *Final Rule for 2019*

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

### **Work Neutrality**

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

Three additional code families were identified for re-examination from CPT 2018. One family appears to possibly be due to miscoding. All three families will be re-examined after additional utilization data are available.

### **Other Issues**

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

### **CMS Requests and RUC Relativity Assessment Workgroup Code Status**

<b>Total Number of Codes Identified*</b>	<b>2,553</b>
<b><i>Codes Completed</i></b>	<b>2,457</b>
Work and PE Maintained	662
Work Increased	306
Work Decreased	845
Direct Practice Expense Revised (beyond work changes)	181
Deleted from CPT®	463
<b><i>Codes Under Review</i></b>	<b>96</b>
Referred to CPT® Editorial Panel or CPT Assistant	54
RUC to Review for <i>CPT 2022</i>	23
RUC to review future review after additional data obtained	19

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

The RUC's efforts for 2009-2020 have resulted in more than \$5 billion in annual redistribution within the Medicare Physician Payment Schedule.

# Status Report: CMS Requests and Relativity Assessment Issues

<b>00534</b>	<b>Anesthesia for transvenous insertion or replacement of pacing cardioverter-defibrillator</b>	<b>Global:</b> XXX	<b>Issue:</b> RAW	<b>Screen:</b> High Volume Growth5	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2019	<b>Tab</b> 37 <b>Specialty Developing Recommendation:</b> ASA	<b>First Identified:</b> October 2018	<b>2019 est Medicare Utilization:</b> 30,245	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU</b> <b>Result:</b> Remove from Screen	<b>2020 Work RVU:</b> 7.00 <b>2020 NF PE RVU:</b> 0 <b>2020 Fac PE RVU:</b> 0
<b>RUC Recommendation:</b> Remove from screen		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>00537</b>	<b>Anesthesia for cardiac electrophysiologic procedures including radiofrequency ablation</b>	<b>Global:</b> XXX	<b>Issue:</b> RAW	<b>Screen:</b> High Volume Growth4	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> October 2019	<b>Tab</b> 17 <b>Specialty Developing Recommendation:</b> ASA	<b>First Identified:</b> October 2016	<b>2019 est Medicare Utilization:</b> 89,969	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> 0 <b>2007 Fac PE RVU</b> 0 <b>Result:</b>	<b>2020 Work RVU:</b> 7.00 <b>2020 NF PE RVU:</b> 0.00 <b>2020 Fac PE RVU:</b> 0.00
<b>RUC Recommendation:</b> Survey for April 2020 - postponed to Oct 2020 by RUC Chair		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>00560</b>	<b>Anesthesia for procedures on heart, pericardial sac, and great vessels of chest; without pump oxygenator</b>	<b>Global:</b> XXX	<b>Issue:</b> RAW	<b>Screen:</b> High Volume Growth5	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2019	<b>Tab</b> 37 <b>Specialty Developing Recommendation:</b> ASA	<b>First Identified:</b> October 2018	<b>2019 est Medicare Utilization:</b> 58,933	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> 0 <b>2007 Fac PE RVU</b> 0 <b>Result:</b> Remove from Screen	<b>2020 Work RVU:</b> 15.00 <b>2020 NF PE RVU:</b> 0.00 <b>2020 Fac PE RVU:</b> 0.00
<b>RUC Recommendation:</b> Remove from screen		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>00731</b>	<b>Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; not otherwise specified</b>	<b>Global:</b> XXX	<b>Issue:</b> Anesthesia for Intestinal Endoscopic Procedures	<b>Screen:</b> CMS Request - Final Rule for 2016	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab</b> 04 <b>Specialty Developing Recommendation:</b> ASA	<b>First Identified:</b> September 2016	<b>2019 est Medicare Utilization:</b> 1,262,160	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU</b> <b>Result:</b> Maintain	<b>2020 Work RVU:</b> 5.00 <b>2020 NF PE RVU:</b> 0.00 <b>2020 Fac PE RVU:</b> 0.00
<b>RUC Recommendation:</b> 5 base units		<b>Referred to CPT</b> September 2016 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

## Status Report: CMS Requests and Relativity Assessment Issues

<b>00732</b>	<b>Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; endoscopic retrograde cholangiopancreatography (ERCP)</b>	<b>Global:</b> XXX	<b>Issue:</b> Anesthesia for Intestinal Endoscopic Procedures	<b>Screen:</b> CMS Request - Final Rule for 2016	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab</b> 04 <b>Specialty Developing Recommendation:</b> ASA	<b>First Identified:</b> September 2016	<b>2019 est Medicare Utilization:</b> 105,226	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Increase	<b>2020 Work RVU:</b> 6.00 <b>2020 NF PE RVU:</b> 0.00 <b>2020 Fac PE RVU:</b> 0.00
<b>RUC Recommendation:</b> 6 base units		<b>Referred to CPT</b> September 2016 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>00740</b>	<b>Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum</b>	<b>Global:</b>	<b>Issue:</b> Anesthesia for Intestinal Endoscopic Procedures	<b>Screen:</b> CMS Request - Final Rule for 2016	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab</b> 04 <b>Specialty Developing Recommendation:</b> ASA	<b>First Identified:</b> July 2015	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> 0 <b>2007 Fac PE RVU Result:</b> Deleted from CPT	<b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> September 2016 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>00810</b>	<b>Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum</b>	<b>Global:</b>	<b>Issue:</b> Anesthesia for Intestinal Endoscopic Procedures	<b>Screen:</b> CMS Request - Final Rule for 2016	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab</b> 04 <b>Specialty Developing Recommendation:</b> ASA	<b>First Identified:</b> July 2015	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> 0 <b>2007 Fac PE RVU Result:</b> Deleted from CPT	<b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> September 2016 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

# Status Report: CMS Requests and Relativity Assessment Issues

**00811** Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; not otherwise specified **Global:** XXX **Issue:** Anesthesia for Intestinal Endoscopic Procedures **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

**Most Recent RUC Meeting:** April 2017 **Tab** 04 **Specialty Developing Recommendation:** ASA **First Identified:** September 2016 **2019 est Medicare Utilization:** 1,186,122 **2007 Work RVU:** **2020 Work RVU:** 4.00 **2007 NF PE RVU:** **2020 NF PE RVU:** 0.00 **2007 Fac PE RVU** **2020 Fac PE RVU:**0.00 **RUC Recommendation:** 4 base units **Referred to CPT** September 2016 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

**00812** Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; screening colonoscopy **Global:** XXX **Issue:** Anesthesia for Intestinal Endoscopic Procedures **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

**Most Recent RUC Meeting:** April 2017 **Tab** 04 **Specialty Developing Recommendation:** ASA **First Identified:** September 2016 **2019 est Medicare Utilization:** 517,650 **2007 Work RVU:** **2020 Work RVU:** 3.00 **2007 NF PE RVU:** **2020 NF PE RVU:** 0.00 **2007 Fac PE RVU** **2020 Fac PE RVU:**0.00 **RUC Recommendation:** 3 base units **Referred to CPT** September 2016 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

**00813** Anesthesia for combined upper and lower gastrointestinal endoscopic procedures, endoscope introduced both proximal to and distal to the duodenum **Global:** XXX **Issue:** Anesthesia for Intestinal Endoscopic Procedures **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

**Most Recent RUC Meeting:** January 2017 **Tab** 04 **Specialty Developing Recommendation:** ASA **First Identified:** September 2016 **2019 est Medicare Utilization:** 492,977 **2007 Work RVU:** **2020 Work RVU:** 5.00 **2007 NF PE RVU:** **2020 NF PE RVU:** 0.00 **2007 Fac PE RVU** **2020 Fac PE RVU:**0.00 **RUC Recommendation:** 5 base units **Referred to CPT** September 2016 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

**01916** Anesthesia for diagnostic arteriography/venography **Global:** XXX **Issue:** **Screen:** High Volume Growth6 **Complete?** No

**Most Recent RUC Meeting:** January 2020 **Tab** 37 **Specialty Developing Recommendation:** **First Identified:** October 2019 **2019 est Medicare Utilization:** 58,939 **2007 Work RVU:** 0.00 **2020 Work RVU:** 5.00 **2007 NF PE RVU:** 0 **2020 NF PE RVU:** 0.00 **2007 Fac PE RVU** 0 **2020 Fac PE RVU:**0.00 **RUC Recommendation:** Review action plan **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:**



## Status Report: CMS Requests and Relativity Assessment Issues

<b>0191T</b>	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, internal approach, into the trabecular meshwork; initial insertion	<b>Global:</b> XXX	<b>Issue:</b>	<b>Screen:</b> High Volume Category III Codes	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> January 2020	<b>Tab</b> 37 <b>Specialty Developing Recommendation:</b> AAO	<b>First Identified:</b> October 2019	<b>2019 est Medicare Utilization:</b> 57,829	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU</b> <b>Result:</b>	<b>2020 Work RVU:</b> 0.00 <b>2020 NF PE RVU:</b> 0.00 <b>2020 Fac PE RVU:</b> 0.00
<b>RUC Recommendation:</b> Refer to CPT		<b>Referred to CPT</b> October 2020 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>					
<b>01930</b>	Anesthesia for therapeutic interventional radiological procedures involving the venous/lymphatic system (not to include access to the central circulation); not otherwise specified	<b>Global:</b> XXX	<b>Issue:</b> Anesthesia for Interventional Radiology	<b>Screen:</b> High Volume Growth1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2008	<b>Tab</b> S <b>Specialty Developing Recommendation:</b> ASA	<b>First Identified:</b> February 2008	<b>2019 est Medicare Utilization:</b> 17,980	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> 0 <b>2007 Fac PE RVU</b> 0 <b>Result:</b> Remove from Screen	<b>2020 Work RVU:</b> 5.00 <b>2020 NF PE RVU:</b> 0.00 <b>2020 Fac PE RVU:</b> 0.00
<b>RUC Recommendation:</b> Remove from screen		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>					
<b>01936</b>	Anesthesia for percutaneous image guided procedures on the spine and spinal cord; therapeutic	<b>Global:</b> XXX	<b>Issue:</b> RAW	<b>Screen:</b> High Volume Growth4	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> October 2019	<b>Tab</b> 17 <b>Specialty Developing Recommendation:</b> ASA	<b>First Identified:</b> October 2016	<b>2019 est Medicare Utilization:</b> 311,884	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU</b> <b>Result:</b>	<b>2020 Work RVU:</b> 5.00 <b>2020 NF PE RVU:</b> 0.00 <b>2020 Fac PE RVU:</b> 0.00
<b>RUC Recommendation:</b> Refer to CPT		<b>Referred to CPT</b> May 2020 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

## Status Report: CMS Requests and Relativity Assessment Issues

0275T	Percutaneous laminotomy/laminectomy (interlaminar approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy), any method, under indirect image guidance (eg, fluoroscopic, CT), single or multiple levels, unilateral or bilateral; lumbar	Global: YYY	Issue:	Screen: High Volume Category III Codes	Complete? Yes		
Most Recent RUC Meeting:	January 2020	Tab 37	Specialty Developing Recommendation:	First Identified: October 2019	2019 est Medicare Utilization: 2,656	2007 Work RVU:	2020 Work RVU: 0.00
						2007 NF PE RVU:	2020 NF PE RVU: 0.00
						2007 Fac PE RVU Result: Maintain	2020 Fac PE RVU:0.00
RUC Recommendation: Maintain			Referred to CPT Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:		
0376T	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, internal approach, into the trabecular meshwork; each additional device insertion (List separately in addition to code for primary procedure)	Global: XXX	Issue:	Screen: High Volume Category III Codes	Complete? No		
Most Recent RUC Meeting:	January 2020	Tab 37	Specialty Developing Recommendation: AAO	First Identified: October 2019	2019 est Medicare Utilization: 16,708	2007 Work RVU:	2020 Work RVU: 0.00
						2007 NF PE RVU:	2020 NF PE RVU: 0.00
						2007 Fac PE RVU Result:	2020 Fac PE RVU:0.00
RUC Recommendation: Refer to CPT			Referred to CPT October 2020 Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:		
0379T	Visual field assessment, with concurrent real time data analysis and accessible data storage with patient initiated data transmitted to a remote surveillance center for up to 30 days; technical support and patient instructions, surveillance, analysis, and transmission of daily and emergent data reports as prescribed by a physician or other qualified health care professional	Global: XXX	Issue:	Screen: High Volume Category III Codes	Complete? No		
Most Recent RUC Meeting:	January 2020	Tab 37	Specialty Developing Recommendation:	First Identified: October 2019	2019 est Medicare Utilization: 49,050	2007 Work RVU:	2020 Work RVU: 0.00
						2007 NF PE RVU:	2020 NF PE RVU: 0.00
						2007 Fac PE RVU Result:	2020 Fac PE RVU:0.00
RUC Recommendation: Review in 3 years (Oct 2023)			Referred to CPT Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:		

## Status Report: CMS Requests and Relativity Assessment Issues

0394T	High dose rate electronic brachytherapy, skin surface application, per fraction, includes basic dosimetry, when performed			Global: XXX	Issue:	Screen: High Volume Category III Codes	Complete? No			
Most Recent RUC Meeting:	January 2020	Tab 37	Specialty Developing Recommendation:	First Identified:	October 2019	2019 est Medicare Utilization:	28,857	2007 Work RVU:	2020 Work RVU:	0.00
								2007 NF PE RVU:	2020 NF PE RVU:	0.00
								2007 Fac PE RVU	2020 Fac PE RVU:	0.00
RUC Recommendation:	Review in 3 years (Oct 2023)			Referred to CPT		Referred to CPT Asst	<input type="checkbox"/>	Published in CPT Asst:		

<b>0446T</b> Creation of subcutaneous pocket with insertion of implantable interstitial glucose sensor, including system activation and patient training				<b>Global:</b> YYY	<b>Issue:</b> Insertion/ Removal of Implantable Interstitial Glucose Sensor System	<b>Screen:</b> CMS Request - Final Rule for 2020	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> January 2020	<b>Tab</b> 33	<b>Specialty Developing Recommendation:</b> AACE, ES	<b>First Identified:</b> November 2019	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b>	<b>2020 Work RVU:</b> 0.00	
					<b>2007 NF PE RVU:</b>	<b>2020 NF PE RVU:</b>	
					<b>2007 Fac PE RVU Result:</b>	<b>2020 Fac PE RVU:</b>	
<b>RUC Recommendation:</b> Refer to CPT time uncertain			<b>Referred to CPT</b> Time uncertain	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

<b>0447T</b> Removal of implantable interstitial glucose sensor from subcutaneous pocket via incision				<b>Global:</b> YYY	<b>Issue:</b> Insertion/ Removal of Implantable Interstitial Glucose Sensor System	<b>Screen:</b> CMS Request - Final Rule for 2020	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> January 2020	<b>Tab</b> 33	<b>Specialty Developing Recommendation:</b> AACE, ES	<b>First Identified:</b> November 2019	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b>	<b>2020 Work RVU:</b> 0.00	
					<b>2007 NF PE RVU:</b>	<b>2020 NF PE RVU:</b>	
					<b>2007 Fac PE RVU</b>	<b>2020 Fac PE RVU:</b>	
<b>RUC Recommendation:</b> Refer to CPT time uncertain			<b>Referred to CPT</b> Time uncertain		<b>Result:</b>		
			<b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>		

## Status Report: CMS Requests and Relativity Assessment Issues

<b>0448T</b>	Removal of implantable interstitial glucose sensor with creation of subcutaneous pocket at different anatomic site and insertion of new implantable sensor, including system activation	<b>Global:</b> YYY	<b>Issue:</b> Insertion/ Removal of Implantable Interstitial Glucose Sensor System	<b>Screen:</b> CMS Request - Final Rule for 2020	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> January 2020	<b>Tab</b> 33 <b>Specialty Developing Recommendation:</b> AACE, ES	<b>First Identified:</b> November 2019	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b>	<b>2020 Work RVU:</b> 0.00 <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Refer to CPT time uncertain		<b>Referred to CPT</b> Time uncertain <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

<b>0449T</b>	Insertion of aqueous drainage device, without extraocular reservoir, internal approach, into the subconjunctival space; initial device	<b>Global:</b> YYY	<b>Issue:</b>	<b>Screen:</b> High Volume Category III Codes	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2020	<b>Tab</b> 37 <b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> October 2019	<b>2019 est Medicare Utilization:</b> 5,679	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Maintain	<b>2020 Work RVU:</b> 0.00 <b>2020 NF PE RVU:</b> 0.00 <b>2020 Fac PE RVU:</b> 0.00
<b>RUC Recommendation:</b> Maintain		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

<b>0474T</b>	Insertion of anterior segment aqueous drainage device, with creation of intraocular reservoir, internal approach, into the supraciliary space	<b>Global:</b> XXX	<b>Issue:</b>	<b>Screen:</b> High Volume Category III Codes	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2020	<b>Tab</b> 37 <b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> October 2019	<b>2019 est Medicare Utilization:</b> 12	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Maintain	<b>2020 Work RVU:</b> 0.00 <b>2020 NF PE RVU:</b> 0.00 <b>2020 Fac PE RVU:</b> 0.00
<b>RUC Recommendation:</b> Maintain		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

# Status Report: CMS Requests and Relativity Assessment Issues

**10004** Fine needle aspiration biopsy, without imaging guidance; each additional lesion (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Fine Needle Aspiration **Screen:** CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2016 **Complete?** Yes

**Most Recent RUC Meeting:** October 2017

**Tab** 04 **Specialty Developing Recommendation:**

**First Identified:** June 2017

**2019 est Medicare Utilization:** 503

**2007 Work RVU:**

**2020 Work RVU:** 0.80

**2007 NF PE RVU:**

**2020 NF PE RVU:** 0.57

**2007 Fac PE RVU**

**2020 Fac PE RVU:**0.34

**RUC Recommendation:** 0.80

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**Result:** Decrease

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

**Global:** XXX

**Issue:** Fine Needle Aspiration

**Screen:** CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2016 / CMS Request - Final Rule for 2020

**Complete?** Yes

**Most Recent RUC Meeting:** January 2020

**Tab** 21 **Specialty Developing Recommendation:**

**First Identified:** June 2017

**2019 est Medicare Utilization:** 145,323

**2007 Work RVU:**

**2020 Work RVU:** 1.46

**2007 NF PE RVU:**

**2020 NF PE RVU:** 2.08

**2007 Fac PE RVU**

**2020 Fac PE RVU:**0.48

**RUC Recommendation:** 1.63

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**Result:** Decrease

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

**Global:** ZZZ

**Issue:** Fine Needle Aspiration

**Screen:** CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2016

**Complete?** Yes

**Most Recent RUC Meeting:** October 2017

**Tab** 04 **Specialty Developing Recommendation:**

**First Identified:** June 2017

**2019 est Medicare Utilization:** 33,658

**2007 Work RVU:**

**2020 Work RVU:** 1.00

**2007 NF PE RVU:**

**2020 NF PE RVU:** 0.61

**2007 Fac PE RVU**

**2020 Fac PE RVU:**0.33

**RUC Recommendation:** 1.00

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**Result:** Decrease

# Status Report: CMS Requests and Relativity Assessment Issues

<b>10007</b>	Fine needle aspiration biopsy, including fluoroscopic guidance; first lesion	<b>Global:</b> XXX	<b>Issue:</b> Fine Needle Aspiration	<b>Screen:</b> CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2016	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2017	<b>Tab</b> 04 <b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> June 2017	<b>2019 est Medicare Utilization:</b> 395	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease	<b>2020 Work RVU:</b> 1.81 <b>2020 NF PE RVU:</b> 6.44 <b>2020 Fac PE RVU:</b> 0.70
<b>RUC Recommendation:</b> 1.81		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>10008</b>	Fine needle aspiration biopsy, including fluoroscopic guidance; each additional lesion (List separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Fine Needle Aspiration	<b>Screen:</b> CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2016	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2017	<b>Tab</b> 04 <b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> June 2017	<b>2019 est Medicare Utilization:</b> 32	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease	<b>2020 Work RVU:</b> 1.18 <b>2020 NF PE RVU:</b> 3.49 <b>2020 Fac PE RVU:</b> 0.46
<b>RUC Recommendation:</b> 1.18		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>10009</b>	Fine needle aspiration biopsy, including CT guidance; first lesion	<b>Global:</b> XXX	<b>Issue:</b> Fine Needle Aspiration	<b>Screen:</b> CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2016	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2017	<b>Tab</b> 04 <b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> June 2017	<b>2019 est Medicare Utilization:</b> 5,300	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease	<b>2020 Work RVU:</b> 2.26 <b>2020 NF PE RVU:</b> 10.84 <b>2020 Fac PE RVU:</b> 0.80
<b>RUC Recommendation:</b> 2.43		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

## Status Report: CMS Requests and Relativity Assessment Issues

**10010** Fine needle aspiration biopsy, including CT guidance; each additional lesion (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Fine Needle Aspiration **Screen:** CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2016 **Complete?** Yes

**Most Recent RUC Meeting:** October 2017

**Tab** 04

**Specialty Developing Recommendation:**

**First Identified:** June 2017

**2019 est Medicare Utilization:** 99

**2007 Work RVU:**

**2020 Work RVU:** 1.65

**2007 NF PE RVU:**

**2020 NF PE RVU:** 6.22

**2007 Fac PE RVU**

**2020 Fac PE RVU:**0.58

**RUC Recommendation:** 1.65

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**Result:** Decrease

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

**Global:** XXX

**Issue:** Fine Needle Aspiration

**Screen:** CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2016

**Complete?** Yes

**Most Recent RUC Meeting:** January 2018

**Tab** 04

**Specialty Developing Recommendation:**

**First Identified:** June 2017

**2019 est Medicare Utilization:** 69

**2007 Work RVU:**

**2020 Work RVU:** 0.00

**2007 NF PE RVU:**

**2020 NF PE RVU:** 0.00

**2007 Fac PE RVU**

**2020 Fac PE RVU:**0.00

**RUC Recommendation:** Contractor Price

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**Result:** Contractor Price

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

**Global:** ZZZ

**Issue:** Fine Needle Aspiration

**Screen:** CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2016

**Complete?** Yes

**Most Recent RUC Meeting:** January 2018

**Tab** 04

**Specialty Developing Recommendation:**

**First Identified:** June 2017

**2019 est Medicare Utilization:** 21

**2007 Work RVU:**

**2020 Work RVU:** 0.00

**2007 NF PE RVU:**

**2020 NF PE RVU:** 0.00

**2007 Fac PE RVU**

**2020 Fac PE RVU:**0.00

**RUC Recommendation:** Contractor Price

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**Result:** Contractor Price

# Status Report: CMS Requests and Relativity Assessment Issues

<b>10021</b>	<b>Fine needle aspiration biopsy, without imaging guidance; first lesion</b>	<b>Global:</b> XXX	<b>Issue:</b> Fine Needle Aspiration	<b>Screen:</b> CMS Request - Final Rule for 2016 / CMS Request - Final Rule for 2020	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2020	<b>Tab</b> 21	<b>Specialty Developing Recommendation:</b> AACE, ASBS, ASC, CAP, ES, AAOHNS, ACS	<b>First Identified:</b> July 2015	<b>2019 est Medicare Utilization:</b> 17,957	<b>2007 Work RVU:</b> 1.27 <b>2007 NF PE RVU:</b> 2.14 <b>2007 Fac PE RVU:</b> 0.5 <b>2020 Work RVU:</b> 1.03 <b>2020 NF PE RVU:</b> 1.64 <b>2020 Fac PE RVU:</b> 0.44
<b>RUC Recommendation:</b> 1.20			<b>Referred to CPT</b> June 2017 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease
<b>10022</b>	<b>Fine needle aspiration; with imaging guidance</b>	<b>Global:</b>	<b>Issue:</b> Fine Needle Aspiration	<b>Screen:</b> CMS Fastest Growing / CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2016	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2017	<b>Tab</b> 04	<b>Specialty Developing Recommendation:</b> AACE, ASBS, ASC, CAP, ES, ACR, SIR	<b>First Identified:</b> October 2008	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> 1.27 <b>2007 NF PE RVU:</b> 2.41 <b>2007 Fac PE RVU:</b> 0.4 <b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> June 2017 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Deleted from CPT
<b>10030</b>	<b>Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst), soft tissue (eg, extremity, abdominal wall, neck), percutaneous</b>	<b>Global:</b> 000	<b>Issue:</b> Drainage of Abscess	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2013	<b>Tab</b> 04	<b>Specialty Developing Recommendation:</b> ACR, SIR	<b>First Identified:</b> January 2012	<b>2019 est Medicare Utilization:</b> 8,525	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>2020 Work RVU:</b> 2.75 <b>2020 NF PE RVU:</b> 14.52 <b>2020 Fac PE RVU:</b> 0.97
<b>RUC Recommendation:</b> 3.00			<b>Referred to CPT</b> October 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease



# Status Report: CMS Requests and Relativity Assessment Issues

**10040** Acne surgery (eg, marsupialization, opening or removal of multiple milia, comedones, cysts, pustules) **Global:** 010 **Issue:** Acne Surgery **Screen:** Harvard Valued - Utilization over 30,000-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** April 2016

**Tab** 13 **Specialty Developing Recommendation:** AAD

**First Identified:** October 2015

**2019 est Medicare Utilization:** 41,492

**2007 Work RVU:** 1.19

**2020 Work RVU:** 0.91

**2007 NF PE RVU:** 1.09

**2020 NF PE RVU:** 2.11

**2007 Fac PE RVU** 0.84

**2020 Fac PE RVU:**0.53

**Result:** Decrease

**RUC Recommendation:** 0.91

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

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

**Global:** 010

**Issue:** Incision and Drainage of Abscess

**Screen:** Harvard Valued - Utilization over 100,000

**Complete?** Yes

**Most Recent RUC Meeting:** October 2010

**Tab** 07 **Specialty Developing Recommendation:** APMA

**First Identified:** February 2010

**2019 est Medicare Utilization:** 368,976

**2007 Work RVU:** 1.19

**2020 Work RVU:** 1.22

**2007 NF PE RVU:** 1.29

**2020 NF PE RVU:** 2.09

**2007 Fac PE RVU** 0.97

**2020 Fac PE RVU:**1.52

**Result:** Increase

**RUC Recommendation:** 1.50

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

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

**Global:** 010

**Issue:** Incision and Drainage of Abscess

**Screen:** Harvard Valued - Utilization over 100,000 / 010-Day Global Post-Operative Visits2

**Complete?** Yes

**Most Recent RUC Meeting:** January 2020

**Tab** 37 **Specialty Developing Recommendation:** APMA

**First Identified:** October 2009

**2019 est Medicare Utilization:** 134,001

**2007 Work RVU:** 2.42

**2020 Work RVU:** 2.45

**2007 NF PE RVU:** 1.89

**2020 NF PE RVU:** 3.20

**2007 Fac PE RVU** 1.51

**2020 Fac PE RVU:**2.44

**Result:** Maintain

**RUC Recommendation:** Maintain. 2.45

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**10120** Incision and removal of foreign body, subcutaneous tissues; simple **Global:** 010 **Issue:** **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** September 2011 **Tab** 12 **Specialty Developing Recommendation:** APMA, AAFP **First Identified:** April 2011 **2019 est Medicare Utilization:** 43,240 **2007 Work RVU:** 1.23 **2020 Work RVU:** 1.22 **2007 NF PE RVU:** 2.12 **2020 NF PE RVU:** 2.96 **2007 Fac PE RVU:** 0.97 **2020 Fac PE RVU:** 1.59 **Result:** Maintain

**RUC Recommendation:** 1.25 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**10180** Incision and drainage, complex, postoperative wound infection **Global:** 010 **Issue:** **Screen:** RUC identified when reviewing comparison codes **Complete?** Yes

**Most Recent RUC Meeting:** October 2013 **Tab** 18 **Specialty Developing Recommendation:** **First Identified:** January 2013 **2019 est Medicare Utilization:** 9,692 **2007 Work RVU:** 2.27 **2020 Work RVU:** 2.30 **2007 NF PE RVU:** 3.06 **2020 NF PE RVU:** 4.51 **2007 Fac PE RVU:** 1.94 **2020 Fac PE RVU:** 2.32 **Result:** Maintain

**RUC Recommendation:** Remove from re-review **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**11040** Deleted from CPT **Global:** **Issue:** Excision and Debridement **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent RUC Meeting:** September 2007 **Tab** 16 **Specialty Developing Recommendation:** APMA, APTA **First Identified:** September 2007 **2019 est Medicare Utilization:** **2007 Work RVU:** 0.50 **2020 Work RVU:** **2007 NF PE RVU:** 0.56 **2020 NF PE RVU:** **2007 Fac PE RVU:** 0.2 **2020 Fac PE RVU:** **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** October 2009 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**11041** Deleted from CPT **Global:** **Issue:** Excision and Debridement **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent RUC Meeting:** September 2007 **Tab** 16 **Specialty Developing Recommendation:** APMA, APTA **First Identified:** September 2007 **2019 est Medicare Utilization:** **2007 Work RVU:** 0.60 **2020 Work RVU:** **2007 NF PE RVU:** 0.68 **2020 NF PE RVU:** **2007 Fac PE RVU:** 0.3 **2020 Fac PE RVU:** **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** October 2009 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**11042** Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less **Global:** 000 **Issue:** Excision and Debridement **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent RUC Meeting:** February 2010 **Tab** 04 **Specialty Developing Recommendation:** APMA, APTA **First Identified:** September 2007 **2019 est Medicare Utilization:** 1,938,307 **2007 Work RVU:** 0.80 **2020 Work RVU:** 1.01 **2007 NF PE RVU:** 0.97 **2020 NF PE RVU:** 2.44 **2007 Fac PE RVU:** 0.39 **2020 Fac PE RVU:** 0.62 **RUC Recommendation:** 1.12 **Result:** Increase

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

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

**Most Recent RUC Meeting:** February 2010 **Tab** 04 **Specialty Developing Recommendation:** APMA, APTA **First Identified:** September 2007 **2019 est Medicare Utilization:** 456,527 **2007 Work RVU:** 3.04 **2020 Work RVU:** 2.70 **2007 NF PE RVU:** 3.45 **2020 NF PE RVU:** 3.52 **2007 Fac PE RVU:** 2.62 **2020 Fac PE RVU:** 1.35 **RUC Recommendation:** 3.00 **Result:** Decrease

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

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

**Most Recent RUC Meeting:** February 2010 **Tab** 04 **Specialty Developing Recommendation:** APMA, APTA **First Identified:** September 2007 **2019 est Medicare Utilization:** 88,567 **2007 Work RVU:** 4.11 **2020 Work RVU:** 4.10 **2007 NF PE RVU:** 4.58 **2020 NF PE RVU:** 4.22 **2007 Fac PE RVU:** 3.73 **2020 Fac PE RVU:** 1.82 **RUC Recommendation:** 4.56 **Result:** Increase

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

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

**Most Recent RUC Meeting:** February 2010 **Tab** 04 **Specialty Developing Recommendation:** ACS, APMA, APTA **First Identified:** February 2010 **2019 est Medicare Utilization:** 492,140 **2007 Work RVU:** **2020 Work RVU:** 0.50 **2007 NF PE RVU:** **2020 NF PE RVU:** 0.60 **2007 Fac PE RVU:** **2020 Fac PE RVU:** 0.18 **RUC Recommendation:** 0.69 **Result:** Increase

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

## Status Report: CMS Requests and Relativity Assessment Issues

<b>11046</b>	Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Debridement	<b>Screen:</b> Site of Service Anomaly	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2010	<b>Tab</b> 04 <b>Specialty Developing Recommendation:</b> ACS, APMA, APTA	<b>First Identified:</b> February 2010	<b>2019 est Medicare Utilization:</b> 239,254	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease	<b>2020 Work RVU:</b> 1.03 <b>2020 NF PE RVU:</b> 0.90 <b>2020 Fac PE RVU:</b> 0.40
<b>RUC Recommendation:</b> 1.29		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>					
<b>11047</b>	Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Debridement	<b>Screen:</b> Site of Service Anomaly / High Volume Growth6	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2020	<b>Tab</b> 37 <b>Specialty Developing Recommendation:</b> ACS, APMA, APTA	<b>First Identified:</b> February 2010	<b>2019 est Medicare Utilization:</b> 66,673	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Increase	<b>2020 Work RVU:</b> 1.80 <b>2020 NF PE RVU:</b> 1.38 <b>2020 Fac PE RVU:</b> 0.71
<b>RUC Recommendation:</b> 2.00		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>					
<b>11055</b>	Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); single lesion	<b>Global:</b> 000	<b>Issue:</b> RAW Review	<b>Screen:</b> CMS Request to Re-Review Families of Recently Reviewed CPT Codes	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2012	<b>Tab</b> 30 <b>Specialty Developing Recommendation:</b> APMA	<b>First Identified:</b> November 2011	<b>2019 est Medicare Utilization:</b> 886,591	<b>2007 Work RVU:</b> 0.43 <b>2007 NF PE RVU:</b> 0.63 <b>2007 Fac PE RVU Result:</b> Maintain	<b>2020 Work RVU:</b> 0.35 <b>2020 NF PE RVU:</b> 1.40 <b>2020 Fac PE RVU:</b> 0.08
<b>RUC Recommendation:</b> Maintain		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

## Status Report: CMS Requests and Relativity Assessment Issues

<b>11056</b>	<b>Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); 2 to 4 lesions</b>	<b>Global:</b> 000	<b>Issue:</b> Trim Skin Lesions	<b>Screen:</b> MPC List / CMS Request to Re-Review Families of Recently Reviewed CPT Codes	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2012	<b>Tab</b> 53 <b>Specialty Developing Recommendation:</b> APMA	<b>First Identified:</b> October 2010	<b>2019 est Medicare Utilization:</b> 2,010,288	<b>2007 Work RVU:</b> 0.61 <b>2007 NF PE RVU:</b> 0.7 <b>2007 Fac PE RVU:</b> 0.22 <b>Result:</b> Decrease	<b>2020 Work RVU:</b> 0.50 <b>2020 NF PE RVU:</b> 1.55 <b>2020 Fac PE RVU:</b> 0.12
<b>RUC Recommendation:</b> 0.50		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>11057</b>	<b>Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); more than 4 lesions</b>	<b>Global:</b> 000	<b>Issue:</b> RAW Review	<b>Screen:</b> CMS Request to Re-Review Families of Recently Reviewed CPT Codes	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2012	<b>Tab</b> 30 <b>Specialty Developing Recommendation:</b> APMA	<b>First Identified:</b> November 2011	<b>2019 est Medicare Utilization:</b> 346,586	<b>2007 Work RVU:</b> 0.79 <b>2007 NF PE RVU:</b> 0.81 <b>2007 Fac PE RVU:</b> 0.28 <b>Result:</b> Maintain	<b>2020 Work RVU:</b> 0.65 <b>2020 NF PE RVU:</b> 1.61 <b>2020 Fac PE RVU:</b> 0.15
<b>RUC Recommendation:</b> Maintain		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>11100</b>	<b>Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed; single lesion</b>	<b>Global:</b>	<b>Issue:</b> Biopsy of Skin Lesion	<b>Screen:</b> MPC List / CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2017	<b>Tab</b> 05 <b>Specialty Developing Recommendation:</b> AAD	<b>First Identified:</b> October 2010	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> 0.81 <b>2007 NF PE RVU:</b> 1.41 <b>2007 Fac PE RVU:</b> 0.38 <b>Result:</b> Deleted from CPT	<b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> February 2017 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

# Status Report: CMS Requests and Relativity Assessment Issues

<b>11101</b>	<b>Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed; each separate/additional lesion (List separately in addition to code for primary procedure)</b>	<b>Global:</b>	<b>Issue:</b> Biopsy of Skin Lesion	<b>Screen:</b> Low Value Billed in Multiple Units / CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2017	<b>Tab 05</b>	<b>Specialty Developing Recommendation:</b> AAD	<b>First Identified:</b> October 2010	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> 0.41 <b>2007 NF PE RVU:</b> 0.35 <b>2007 Fac PE RVU:</b> 0.2 <b>Result:</b> Deleted from CPT
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> February 2017 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>
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<b>11102</b>	<b>Tangential biopsy of skin (eg, shave, scoop, saucerize, curette); single lesion</b>	<b>Global:</b> 000	<b>Issue:</b> Skin Biopsy	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2017	<b>Tab 05</b>	<b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> February 2017	<b>2019 est Medicare Utilization:</b> 3,333,585	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 0.66			<b>Referred to CPT</b> February 2017 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> 0.66 <b>2020 NF PE RVU:</b> 2.10 <b>2020 Fac PE RVU:</b> 0.38
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<b>11103</b>	<b>Tangential biopsy of skin (eg, shave, scoop, saucerize, curette); each separate/additional lesion (List separately in addition to code for primary procedure)</b>	<b>Global:</b> ZZZ	<b>Issue:</b> Skin Biopsy	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2017	<b>Tab 05</b>	<b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> February 2017	<b>2019 est Medicare Utilization:</b> 1,456,282	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 0.38			<b>Referred to CPT</b> February 2017 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> 0.38 <b>2020 NF PE RVU:</b> 1.08 <b>2020 Fac PE RVU:</b> 0.22

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<b>11104</b> Punch biopsy of skin (including simple closure, when performed); single lesion		<b>Global:</b> 000	<b>Issue:</b> Skin Biopsy	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2017	<b>Tab</b> 05	<b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> February 2017	<b>2019 est Medicare Utilization:</b> 388,339	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU</b> <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 0.83			<b>Referred to CPT</b> February 2017 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> 0.83 <b>2020 NF PE RVU:</b> 2.65 <b>2020 Fac PE RVU:</b> 0.48
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<b>11105</b> Punch biopsy of skin (including simple closure, when performed); each separate/additional lesion (List separately in addition to code for primary procedure)		<b>Global:</b> ZZZ	<b>Issue:</b> Skin Biopsy	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2017	<b>Tab</b> 05	<b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> February 2017	<b>2019 est Medicare Utilization:</b> 97,094	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU</b> <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 0.45			<b>Referred to CPT</b> February 2017 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> 0.45 <b>2020 NF PE RVU:</b> 1.22 <b>2020 Fac PE RVU:</b> 0.26
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<b>11106</b> Incisional biopsy of skin (eg, wedge) (including simple closure, when performed); single lesion		<b>Global:</b> 000	<b>Issue:</b> Skin Biopsy	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2017	<b>Tab</b> 05	<b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> February 2017	<b>2019 est Medicare Utilization:</b> 37,327	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU</b> <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 1.01			<b>Referred to CPT</b> February 2017 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> 1.01 <b>2020 NF PE RVU:</b> 3.22 <b>2020 Fac PE RVU:</b> 0.59

# Status Report: CMS Requests and Relativity Assessment Issues

**11107** Incisional biopsy of skin (eg, wedge) (including simple closure, when performed); each separate/additional lesion (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Skin Biopsy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** April 2017

**Tab** 05 **Specialty Developing Recommendation:**

**First Identified:** February 2017

**2019 est Medicare Utilization:** 7,020

**2007 Work RVU:**  
**2007 NF PE RVU:**  
**2007 Fac PE RVU Result:** Decrease

**2020 Work RVU:** 0.54  
**2020 NF PE RVU:** 1.45  
**2020 Fac PE RVU:**0.32

**RUC Recommendation:** 0.54

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

**11300** Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.5 cm or less **Global:** 000 **Issue:** Shaving of Epidermal or Dermal Lesions **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2012

**Tab** 38 **Specialty Developing Recommendation:** AAD

**First Identified:** January 2012

**2019 est Medicare Utilization:** 104,786

**2007 Work RVU:** 0.51  
**2007 NF PE RVU:** 1.04  
**2007 Fac PE RVU** 0.21  
**Result:** Increase

**2020 Work RVU:** 0.60  
**2020 NF PE RVU:** 2.18  
**2020 Fac PE RVU:**0.33

**RUC Recommendation:** 0.60

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

**11301** Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.6 to 1.0 cm **Global:** 000 **Issue:** Shaving of Epidermal or Dermal Lesions **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2012

**Tab** 38 **Specialty Developing Recommendation:** AAD

**First Identified:** January 2012

**2019 est Medicare Utilization:** 205,570

**2007 Work RVU:** 0.85  
**2007 NF PE RVU:** 1.21  
**2007 Fac PE RVU** 0.38  
**Result:** Increase

**2020 Work RVU:** 0.90  
**2020 NF PE RVU:** 2.46  
**2020 Fac PE RVU:**0.51

**RUC Recommendation:** 0.90

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



# Status Report: CMS Requests and Relativity Assessment Issues

**11302** Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 1.1 to 2.0 cm      **Global:** 000      **Issue:** Shaving of Epidermal or Dermal Lesions      **Screen:** CMS High Expenditure Procedural Codes1      **Complete?** Yes

**Most Recent RUC Meeting:** April 2012      **Tab** 38      **Specialty Developing Recommendation:** AAD      **First Identified:** January 2012      **2019 est Medicare Utilization:** 114,770      **2007 Work RVU:** 1.05      **2020 Work RVU:** 1.05  
**2007 NF PE RVU:** 1.42      **2020 NF PE RVU:** 2.83  
**2007 Fac PE RVU:** 0.47      **2020 Fac PE RVU:** 0.60  
**Result:** Increase

**RUC Recommendation:** 1.16      **Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**11303** Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter over 2.0 cm      **Global:** 000      **Issue:** Shaving of Epidermal or Dermal Lesions      **Screen:** CMS High Expenditure Procedural Codes1      **Complete?** Yes

**Most Recent RUC Meeting:** April 2012      **Tab** 38      **Specialty Developing Recommendation:** AAD      **First Identified:** January 2012      **2019 est Medicare Utilization:** 16,712      **2007 Work RVU:** 1.24      **2020 Work RVU:** 1.25  
**2007 NF PE RVU:** 1.69      **2020 NF PE RVU:** 3.02  
**2007 Fac PE RVU:** 0.53      **2020 Fac PE RVU:** 0.70  
**Result:** Increase

**RUC Recommendation:** 1.25      **Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**11305** Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less      **Global:** 000      **Issue:** Shaving of Epidermal or Dermal Lesions      **Screen:** CMS High Expenditure Procedural Codes1      **Complete?** Yes

**Most Recent RUC Meeting:** April 2012      **Tab** 38      **Specialty Developing Recommendation:** AAD      **First Identified:** January 2012      **2019 est Medicare Utilization:** 100,773      **2007 Work RVU:** 0.67      **2020 Work RVU:** 0.80  
**2007 NF PE RVU:** 0.91      **2020 NF PE RVU:** 2.11  
**2007 Fac PE RVU:** 0.26      **2020 Fac PE RVU:** 0.25  
**Result:** Increase

**RUC Recommendation:** 0.80      **Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**11306** Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.6 to 1.0 cm      **Global:** 000      **Issue:** Shaving of Epidermal or Dermal Lesions      **Screen:** CMS High Expenditure Procedural Codes1      **Complete?** Yes

**Most Recent RUC Meeting:** April 2012      **Tab** 38      **Specialty Developing Recommendation:** AAD      **First Identified:** January 2012      **2019 est Medicare Utilization:** 102,882      **2007 Work RVU:** 0.99      **2020 Work RVU:** 0.96  
**2007 NF PE RVU:** 1.18      **2020 NF PE RVU:** 2.45  
**2007 Fac PE RVU:** 0.41      **2020 Fac PE RVU:** 0.40  
**Result:** Increase

**RUC Recommendation:** 1.18      **Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

<b>11307</b>	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm	<b>Global:</b> 000	<b>Issue:</b> Shaving of Epidermal or Dermal Lesions	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab</b> 38	<b>Specialty Developing Recommendation:</b> AAD	<b>First Identified:</b> January 2012	<b>2019 est Medicare Utilization:</b> 51,111	<b>2007 Work RVU:</b> 1.14 <b>2007 NF PE RVU:</b> 1.4 <b>2007 Fac PE RVU:</b> 0.49 <b>Result:</b> Increase
<b>RUC Recommendation:</b> 1.20			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> 1.20 <b>2020 NF PE RVU:</b> 2.78 <b>2020 Fac PE RVU:</b> 0.56
<b>11308</b>	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter over 2.0 cm	<b>Global:</b> 000	<b>Issue:</b> Shaving of Epidermal or Dermal Lesions	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab</b> 38	<b>Specialty Developing Recommendation:</b> AAD	<b>First Identified:</b> January 2012	<b>2019 est Medicare Utilization:</b> 14,010	<b>2007 Work RVU:</b> 1.41 <b>2007 NF PE RVU:</b> 1.53 <b>2007 Fac PE RVU:</b> 0.58 <b>Result:</b> Increase
<b>RUC Recommendation:</b> 1.46			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> 1.46 <b>2020 NF PE RVU:</b> 2.79 <b>2020 Fac PE RVU:</b> 0.53
<b>11310</b>	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less	<b>Global:</b> 000	<b>Issue:</b> Shaving of Epidermal or Dermal Lesions	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab</b> 38	<b>Specialty Developing Recommendation:</b> AAD	<b>First Identified:</b> January 2012	<b>2019 est Medicare Utilization:</b> 74,188	<b>2007 Work RVU:</b> 0.73 <b>2007 NF PE RVU:</b> 1.18 <b>2007 Fac PE RVU:</b> 0.32 <b>Result:</b> Increase
<b>RUC Recommendation:</b> 1.19			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> 0.80 <b>2020 NF PE RVU:</b> 2.40 <b>2020 Fac PE RVU:</b> 0.45
<b>11311</b>	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm	<b>Global:</b> 000	<b>Issue:</b> Shaving of Epidermal or Dermal Lesions	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab</b> 38	<b>Specialty Developing Recommendation:</b> AAD	<b>First Identified:</b> January 2012	<b>2019 est Medicare Utilization:</b> 100,460	<b>2007 Work RVU:</b> 1.05 <b>2007 NF PE RVU:</b> 1.34 <b>2007 Fac PE RVU:</b> 0.49 <b>Result:</b> Increase
<b>RUC Recommendation:</b> 1.43			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> 1.10 <b>2020 NF PE RVU:</b> 2.69 <b>2020 Fac PE RVU:</b> 0.62

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<b>11312</b>	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 1.1 to 2.0 cm	<b>Global:</b> 000	<b>Issue:</b> Shaving of Epidermal or Dermal Lesions	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab</b> 38	<b>Specialty Developing Recommendation:</b> AAD	<b>First Identified:</b> January 2012	<b>2019 est Medicare Utilization:</b> 46,378	<b>2007 Work RVU:</b> 1.20 <b>2007 NF PE RVU:</b> 1.55 <b>2007 Fac PE RVU:</b> 0.56 <b>Result:</b> Increase <b>2020 Work RVU:</b> 1.30 <b>2020 NF PE RVU:</b> 3.08 <b>2020 Fac PE RVU:</b> 0.74
<b>RUC Recommendation:</b> 1.80			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
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<b>11313</b>	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter over 2.0 cm	<b>Global:</b> 000	<b>Issue:</b> Shaving of Epidermal or Dermal Lesions	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab</b> 38	<b>Specialty Developing Recommendation:</b> AAD	<b>First Identified:</b> January 2012	<b>2019 est Medicare Utilization:</b> 8,180	<b>2007 Work RVU:</b> 1.62 <b>2007 NF PE RVU:</b> 1.9 <b>2007 Fac PE RVU:</b> 0.73 <b>Result:</b> Increase <b>2020 Work RVU:</b> 1.68 <b>2020 NF PE RVU:</b> 3.41 <b>2020 Fac PE RVU:</b> 0.96
<b>RUC Recommendation:</b> 2.00			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
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<b>11719</b>	Trimming of nondystrophic nails, any number	<b>Global:</b> 000	<b>Issue:</b> Debridement of Nail	<b>Screen:</b> Low Value-High Volume	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2012	<b>Tab</b> 32	<b>Specialty Developing Recommendation:</b> APMA	<b>First Identified:</b> October 2010	<b>2019 est Medicare Utilization:</b> 837,707	<b>2007 Work RVU:</b> 0.17 <b>2007 NF PE RVU:</b> 0.28 <b>2007 Fac PE RVU:</b> 0.07 <b>Result:</b> Maintain <b>2020 Work RVU:</b> 0.17 <b>2020 NF PE RVU:</b> 0.22 <b>2020 Fac PE RVU:</b> 0.04
<b>RUC Recommendation:</b> 0.17			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
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<b>11720</b>	Debridement of nail(s) by any method(s); 1 to 5	<b>Global:</b> 000	<b>Issue:</b> Debridement of Nail	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2011	<b>Tab</b> 53	<b>Specialty Developing Recommendation:</b> APMA	<b>First Identified:</b> Septemer 2011	<b>2019 est Medicare Utilization:</b> 2,111,275	<b>2007 Work RVU:</b> 0.32 <b>2007 NF PE RVU:</b> 0.37 <b>2007 Fac PE RVU:</b> 0.11 <b>Result:</b> Maintain <b>2020 Work RVU:</b> 0.32 <b>2020 NF PE RVU:</b> 0.58 <b>2020 Fac PE RVU:</b> 0.07
<b>RUC Recommendation:</b> 0.32 (Interim)			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	

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<b>11721</b>	<b>Debridement of nail(s) by any method(s); 6 or more</b>	<b>Global:</b> 000	<b>Issue:</b> Debridement of Nail	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent</b> <b>RUC Meeting:</b> September 2011	<b>Tab</b> 53 <b>Specialty Developing Recommendation:</b> APMA	<b>First Identified:</b> October 2010	<b>2019 est Medicare Utilization:</b> 6,784,854	<b>2007 Work RVU:</b> 0.54 <b>2007 NF PE RVU:</b> 0.47 <b>2007 Fac PE RVU</b> 0.2 <b>Result:</b> Maintain	<b>2020 Work RVU:</b> 0.54 <b>2020 NF PE RVU:</b> 0.70 <b>2020 Fac PE RVU:</b> 0.13
<b>RUC Recommendation:</b> 0.54 (Interim)		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
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<b>11730</b>	<b>Avulsion of nail plate, partial or complete, simple; single</b>	<b>Global:</b> 000	<b>Issue:</b> Removal of Nail Plate	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent</b> <b>RUC Meeting:</b> January 2016	<b>Tab</b> 56 <b>Specialty Developing Recommendation:</b> APMA	<b>First Identified:</b> July 2015	<b>2019 est Medicare Utilization:</b> 378,522	<b>2007 Work RVU:</b> 1.10 <b>2007 NF PE RVU:</b> 1.11 <b>2007 Fac PE RVU</b> 0.4 <b>Result:</b> Maintain	<b>2020 Work RVU:</b> 1.05 <b>2020 NF PE RVU:</b> 2.00 <b>2020 Fac PE RVU:</b> 0.43
<b>RUC Recommendation:</b> 1.10		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
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<b>11750</b>	<b>Excision of nail and nail matrix, partial or complete (eg, ingrown or deformed nail), for permanent removal</b>	<b>Global:</b> 010	<b>Issue:</b> Excision of Nail Bed - HCPAC	<b>Screen:</b> 010-Day Global Post-Operative Visits	<b>Complete?</b> Yes
<b>Most Recent</b> <b>RUC Meeting:</b> September 2014	<b>Tab</b> 26 <b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> January 2014	<b>2019 est Medicare Utilization:</b> 201,719	<b>2007 Work RVU:</b> 2.40 <b>2007 NF PE RVU:</b> 2.37 <b>2007 Fac PE RVU</b> 1.79 <b>Result:</b> Decrease	<b>2020 Work RVU:</b> 1.58 <b>2020 NF PE RVU:</b> 2.75 <b>2020 Fac PE RVU:</b> 1.21
<b>RUC Recommendation:</b> 1.99		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
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<b>11752</b>	<b>Excision of nail and nail matrix, partial or complete (eg, ingrown or deformed nail), for permanent removal; with amputation of tuft of distal phalanx</b>	<b>Global:</b>	<b>Issue:</b> Excision of Nail Bed - HCPAC	<b>Screen:</b> 010-Day Global Post-Operative Visits	<b>Complete?</b> Yes
<b>Most Recent</b> <b>RUC Meeting:</b> January 2015	<b>Tab</b> 28 <b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> January 2014	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> 3.48 <b>2007 NF PE RVU:</b> 3.28 <b>2007 Fac PE RVU</b> 2.95 <b>Result:</b> Deleted from CPT	<b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> October 2015 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

# Status Report: CMS Requests and Relativity Assessment Issues

**11755** Biopsy of nail unit (eg, plate, bed, matrix, hyponychium, proximal and lateral nail folds) (separate procedure) **Global:** 000 **Issue:** Biopsy of Nail **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

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

**First Identified:** July 2016 **2019 est Medicare Utilization:** 62,237

**2007 Work RVU:** 1.31 **2020 Work RVU:** 1.25  
**2007 NF PE RVU:** 1.69 **2020 NF PE RVU:** 2.13  
**2007 Fac PE RVU:** 0.77 **2020 Fac PE RVU:** 0.44  
**Result:** Decrease

**RUC Recommendation:** 1.25

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

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

**Global:** 000 **Issue:** Skin Injection Services

**Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

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

**First Identified:** October 2009 **2019 est Medicare Utilization:** 265,694

**2007 Work RVU:** 0.52 **2020 Work RVU:** 0.52  
**2007 NF PE RVU:** 0.72 **2020 NF PE RVU:** 0.99  
**2007 Fac PE RVU:** 0.22 **2020 Fac PE RVU:** 0.30  
**Result:** Maintain

**RUC Recommendation:** 0.52

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

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

**Global:** 000 **Issue:** Skin Injection Services

**Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

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

**First Identified:** February 2010 **2019 est Medicare Utilization:** 73,970

**2007 Work RVU:** 0.80 **2020 Work RVU:** 0.80  
**2007 NF PE RVU:** 0.75 **2020 NF PE RVU:** 1.08  
**2007 Fac PE RVU:** 0.37 **2020 Fac PE RVU:** 0.47  
**Result:** Maintain

**RUC Recommendation:** 0.80

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

# Status Report: CMS Requests and Relativity Assessment Issues

<b>11980</b>	<b>Subcutaneous hormone pellet implantation (implantation of estradiol and/or testosterone pellets beneath the skin)</b>	<b>Global:</b> 000	<b>Issue:</b> Drug Delivery Implant Procedures	<b>Screen:</b> High Volume Growth2 / Different Performing Specialty from Survey	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2018	<b>Tab</b> 05	<b>Specialty Developing Recommendation:</b> AAOS, ACOG, AUA	<b>First Identified:</b> April 2013	<b>2019 est Medicare Utilization:</b> 33,888	<b>2007 Work RVU:</b> 1.48 <b>2007 NF PE RVU:</b> 1.1 <b>2007 Fac PE RVU:</b> 0.55 <b>Result:</b> Decrease <b>2020 Work RVU:</b> 1.10 <b>2020 NF PE RVU:</b> 1.46 <b>2020 Fac PE RVU:</b> 0.38
<b>RUC Recommendation:</b> 1.10			<b>Referred to CPT</b> May 2018 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
<hr/>					
<b>11981</b>	<b>Insertion, non-biodegradable drug delivery implant</b>	<b>Global:</b> 000	<b>Issue:</b> Drug Delivery Implant Procedures	<b>Screen:</b> High Volume Growth1 / Different Performing Specialty from Survey	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2018	<b>Tab</b> 05	<b>Specialty Developing Recommendation:</b> AAOS, ACOG, AUA	<b>First Identified:</b> June 2008	<b>2019 est Medicare Utilization:</b> 13,060	<b>2007 Work RVU:</b> 1.48 <b>2007 NF PE RVU:</b> 1.76 <b>2007 Fac PE RVU:</b> 0.66 <b>Result:</b> Decrease <b>2020 Work RVU:</b> 1.14 <b>2020 NF PE RVU:</b> 1.60 <b>2020 Fac PE RVU:</b> 0.50
<b>RUC Recommendation:</b> 1.30			<b>Referred to CPT</b> May 2018 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
<hr/>					
<b>11982</b>	<b>Removal, non-biodegradable drug delivery implant</b>	<b>Global:</b> 000	<b>Issue:</b> Drug Delivery Implant Procedures	<b>Screen:</b> High Volume Growth1 / Different Performing Specialty from Survey	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2018	<b>Tab</b> 05	<b>Specialty Developing Recommendation:</b> AAOS, ACOG, AUA	<b>First Identified:</b> February 2008	<b>2019 est Medicare Utilization:</b> 4,500	<b>2007 Work RVU:</b> 1.78 <b>2007 NF PE RVU:</b> 1.97 <b>2007 Fac PE RVU:</b> 0.81 <b>Result:</b> Decrease <b>2020 Work RVU:</b> 1.34 <b>2020 NF PE RVU:</b> 1.77 <b>2020 Fac PE RVU:</b> 0.60
<b>RUC Recommendation:</b> 1.70			<b>Referred to CPT</b> May 2018 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	

# Status Report: CMS Requests and Relativity Assessment Issues

11983	Removal with reinsertion, non-biodegradable drug delivery implant			Global: 000	Issue: Drug Delivery Implant Procedures	Screen: High Volume Growth1	Complete? Yes
Most Recent RUC Meeting: October 2018	Tab 05 Specialty Developing Recommendation: AAOS, ACOG, AUA	First Identified: June 2008	2019 est Medicare Utilization: 2,345	2007 Work RVU: 3.30	2020 Work RVU: 1.91	2007 NF PE RVU: 2.38	2020 NF PE RVU: 1.93
RUC Recommendation: 2.10		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2007 Fac PE RVU 1.44	2020 Fac PE RVU:0.79	Result: Decrease	
12001	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.5 cm or less			Global: 000	Issue: Repair of Superficial Wounds	Screen: Harvard Valued - Utilization over 100,000	Complete? Yes
Most Recent RUC Meeting: April 2010	Tab 32 Specialty Developing Recommendation: ACEP, AAFP	First Identified: October 2009	2019 est Medicare Utilization: 184,284	2007 Work RVU: 1.72	2020 Work RVU: 0.84	2007 NF PE RVU: 1.92	2020 NF PE RVU: 1.59
RUC Recommendation: 0.84		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2007 Fac PE RVU 0.76	2020 Fac PE RVU:0.31	Result: Decrease	
12002	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.6 cm to 7.5 cm			Global: 000	Issue: Repair of Superficial Wounds	Screen: Harvard Valued - Utilization over 100,000	Complete? Yes
Most Recent RUC Meeting: April 2010	Tab 32 Specialty Developing Recommendation: ACEP, AAFP	First Identified: October 2009	2019 est Medicare Utilization: 142,967	2007 Work RVU: 1.88	2020 Work RVU: 1.14	2007 NF PE RVU: 1.98	2020 NF PE RVU: 1.80
RUC Recommendation: 1.14		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2007 Fac PE RVU 0.89	2020 Fac PE RVU:0.37	Result: Decrease	
12004	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 7.6 cm to 12.5 cm			Global: 000	Issue: Repair of Superficial Wounds	Screen: Harvard Valued - Utilization over 100,000	Complete? Yes
Most Recent RUC Meeting: April 2010	Tab 32 Specialty Developing Recommendation: ACEP, AAFP	First Identified: April 2010	2019 est Medicare Utilization: 22,345	2007 Work RVU: 2.26	2020 Work RVU: 1.44	2007 NF PE RVU: 2.26	2020 NF PE RVU: 1.98
RUC Recommendation: 1.44		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2007 Fac PE RVU 0.99	2020 Fac PE RVU:0.44	Result: Decrease	



# Status Report: CMS Requests and Relativity Assessment Issues

<b>12005</b>	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 12.6 cm to 20.0 cm	<b>Global:</b> 000	<b>Issue:</b> Repair of Superficial Wounds	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2010	<b>Tab 32</b>	<b>Specialty Developing Recommendation:</b> ACEP, AAFP	<b>First Identified:</b> April 2010	<b>2019 est Medicare Utilization:</b> 6,059	<b>2007 Work RVU:</b> 2.88 <b>2007 NF PE RVU:</b> 2.75 <b>2007 Fac PE RVU:</b> 1.17 <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 1.97			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> 1.97 <b>2020 NF PE RVU:</b> 2.53 <b>2020 Fac PE RVU:</b> 0.45
<b>12006</b>	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 20.1 cm to 30.0 cm	<b>Global:</b> 000	<b>Issue:</b> Repair of Superficial Wounds	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2010	<b>Tab 32</b>	<b>Specialty Developing Recommendation:</b> ACEP, AAFP	<b>First Identified:</b> April 2010	<b>2019 est Medicare Utilization:</b> 1,137	<b>2007 Work RVU:</b> 3.68 <b>2007 NF PE RVU:</b> 3.3 <b>2007 Fac PE RVU:</b> 1.46 <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 2.39			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> 2.39 <b>2020 NF PE RVU:</b> 2.91 <b>2020 Fac PE RVU:</b> 0.58
<b>12007</b>	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); over 30.0 cm	<b>Global:</b> 000	<b>Issue:</b> Repair of Superficial Wounds	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2010	<b>Tab 32</b>	<b>Specialty Developing Recommendation:</b> ACEP, AAFP	<b>First Identified:</b> April 2010	<b>2019 est Medicare Utilization:</b> 357	<b>2007 Work RVU:</b> 4.13 <b>2007 NF PE RVU:</b> 3.71 <b>2007 Fac PE RVU:</b> 1.73 <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 2.90			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> 2.90 <b>2020 NF PE RVU:</b> 3.14 <b>2020 Fac PE RVU:</b> 0.79
<b>12011</b>	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less	<b>Global:</b> 000	<b>Issue:</b> Repair of Superficial Wounds	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2010	<b>Tab 32</b>	<b>Specialty Developing Recommendation:</b> ACEP, AAFP	<b>First Identified:</b> April 2010	<b>2019 est Medicare Utilization:</b> 90,553	<b>2007 Work RVU:</b> 1.78 <b>2007 NF PE RVU:</b> 2.07 <b>2007 Fac PE RVU:</b> 0.78 <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 1.07			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> 1.07 <b>2020 NF PE RVU:</b> 1.87 <b>2020 Fac PE RVU:</b> 0.35



# Status Report: CMS Requests and Relativity Assessment Issues

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

**Most Recent RUC Meeting:** April 2010

**Tab 32 Specialty Developing Recommendation:** ACEP, AAFP

**First Identified:** April 2010

**2019 est Medicare Utilization:** 50,435

**2007 Work RVU:** 2.01  
**2007 NF PE RVU:** 2.22  
**2007 Fac PE RVU:** 0.92  
**Result:** Decrease

**2020 Work RVU:** 1.22  
**2020 NF PE RVU:** 1.83  
**2020 Fac PE RVU:** 0.26

**RUC Recommendation:** 1.22

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

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

**Most Recent RUC Meeting:** April 2010

**Tab 32 Specialty Developing Recommendation:** ACEP, AAFP

**First Identified:** April 2010

**2019 est Medicare Utilization:** 6,842

**2007 Work RVU:** 2.48  
**2007 NF PE RVU:** 2.5  
**2007 Fac PE RVU:** 1.04  
**Result:** Decrease

**2020 Work RVU:** 1.57  
**2020 NF PE RVU:** 2.13  
**2020 Fac PE RVU:** 0.33

**RUC Recommendation:** 1.57

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

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

**Most Recent RUC Meeting:** April 2010

**Tab 32 Specialty Developing Recommendation:** ACEP, AAFP

**First Identified:** April 2010

**2019 est Medicare Utilization:** 3,321

**2007 Work RVU:** 3.21  
**2007 NF PE RVU:** 3.04  
**2007 Fac PE RVU:** 1.22  
**Result:** Decrease

**2020 Work RVU:** 1.98  
**2020 NF PE RVU:** 2.48  
**2020 Fac PE RVU:** 0.42

**RUC Recommendation:** 1.98

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

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

**Most Recent RUC Meeting:** April 2010

**Tab 32 Specialty Developing Recommendation:** ACEP, AAFP

**First Identified:** April 2010

**2019 est Medicare Utilization:** 526

**2007 Work RVU:** 3.94  
**2007 NF PE RVU:** 3.45  
**2007 Fac PE RVU:** 1.47  
**Result:** Decrease

**2020 Work RVU:** 2.68  
**2020 NF PE RVU:** 2.96  
**2020 Fac PE RVU:** 0.57

**RUC Recommendation:** 2.68

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

## Status Report: CMS Requests and Relativity Assessment Issues

<b>12017</b>	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 20.1 cm to 30.0 cm	<b>Global:</b> 000	<b>Issue:</b> Repair of Superficial Wounds	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2010	<b>Tab</b> 32	<b>Specialty Developing Recommendation:</b> ACEP, AAFP	<b>First Identified:</b> April 2010	<b>2019 est Medicare Utilization:</b> 72	<b>2007 Work RVU:</b> 4.72 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 1.79 <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 3.18			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> 3.18 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 0.67
<b>12018</b>	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; over 30.0 cm	<b>Global:</b> 000	<b>Issue:</b> Repair of Superficial Wounds	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2010	<b>Tab</b> 32	<b>Specialty Developing Recommendation:</b> ACEP, AAFP	<b>First Identified:</b> April 2010	<b>2019 est Medicare Utilization:</b> 17	<b>2007 Work RVU:</b> 5.54 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 2.19 <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 3.61			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> 3.61 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 0.74
<b>12031</b>	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.5 cm or less	<b>Global:</b> 010	<b>Issue:</b> Repair of Intermediate Wounds	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2010	<b>Tab</b> 22	<b>Specialty Developing Recommendation:</b> AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS,	<b>First Identified:</b> February 2010	<b>2019 est Medicare Utilization:</b> 63,049	<b>2007 Work RVU:</b> 2.17 <b>2007 NF PE RVU:</b> 2.69 <b>2007 Fac PE RVU:</b> 1.17 <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 2.00			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> 2.00 <b>2020 NF PE RVU:</b> 4.91 <b>2020 Fac PE RVU:</b> 2.10

## Status Report: CMS Requests and Relativity Assessment Issues

<b>12032</b>	<b>Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.6 cm to 7.5 cm</b>	<b>Global:</b> 010	<b>Issue:</b> Repair of Intermediate Wounds	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2010	<b>Tab 22</b>	<b>Specialty Developing Recommendation:</b> AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS,	<b>First Identified:</b> October 2009	<b>2019 est Medicare Utilization:</b> 280,457	<b>2007 Work RVU:</b> 2.49 <b>2007 NF PE RVU:</b> 4.19 <b>2007 Fac PE RVU:</b> 1.92 <b>2020 Work RVU:</b> 2.52 <b>2020 NF PE RVU:</b> 5.80 <b>2020 Fac PE RVU:</b> 2.67
<b>RUC Recommendation:</b> 2.52			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Maintain
<b>12034</b>	<b>Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 7.6 cm to 12.5 cm</b>	<b>Global:</b> 010	<b>Issue:</b> Repair of Intermediate Wounds	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2010	<b>Tab 22</b>	<b>Specialty Developing Recommendation:</b> AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS,	<b>First Identified:</b> February 2010	<b>2019 est Medicare Utilization:</b> 25,707	<b>2007 Work RVU:</b> 2.94 <b>2007 NF PE RVU:</b> 3.54 <b>2007 Fac PE RVU:</b> 1.59 <b>2020 Work RVU:</b> 2.97 <b>2020 NF PE RVU:</b> 5.86 <b>2020 Fac PE RVU:</b> 2.53
<b>RUC Recommendation:</b> 2.97			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Maintain
<b>12035</b>	<b>Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 12.6 cm to 20.0 cm</b>	<b>Global:</b> 010	<b>Issue:</b> Repair of Intermediate Wounds	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2010	<b>Tab 22</b>	<b>Specialty Developing Recommendation:</b> AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS,	<b>First Identified:</b> February 2010	<b>2019 est Medicare Utilization:</b> 4,889	<b>2007 Work RVU:</b> 3.44 <b>2007 NF PE RVU:</b> 5.21 <b>2007 Fac PE RVU:</b> 2.14 <b>2020 Work RVU:</b> 3.50 <b>2020 NF PE RVU:</b> 6.91 <b>2020 Fac PE RVU:</b> 2.82
<b>RUC Recommendation:</b> 3.60			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Increase

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<b>12036</b>	<b>Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 20.1 cm to 30.0 cm</b>	<b>Global:</b> 010	<b>Issue:</b> Repair of Intermediate Wounds	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2010	<b>Tab 22</b>	<b>Specialty Developing Recommendation:</b> AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS,	<b>First Identified:</b> February 2010	<b>2019 est Medicare Utilization:</b> 1,073	<b>2007 Work RVU:</b> 4.06 <b>2007 NF PE RVU:</b> 5.51 <b>2007 Fac PE RVU:</b> 2.47 <b>2020 Work RVU:</b> 4.23 <b>2020 NF PE RVU:</b> 7.27 <b>2020 Fac PE RVU:</b> 3.08
<b>RUC Recommendation:</b> 4.50			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Increase
<b>12037</b>	<b>Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); over 30.0 cm</b>	<b>Global:</b> 010	<b>Issue:</b> Repair of Intermediate Wounds	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2010	<b>Tab 22</b>	<b>Specialty Developing Recommendation:</b> AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS,	<b>First Identified:</b> February 2010	<b>2019 est Medicare Utilization:</b> 458	<b>2007 Work RVU:</b> 4.68 <b>2007 NF PE RVU:</b> 6.05 <b>2007 Fac PE RVU:</b> 2.88 <b>2020 Work RVU:</b> 5.00 <b>2020 NF PE RVU:</b> 7.99 <b>2020 Fac PE RVU:</b> 3.51
<b>RUC Recommendation:</b> 5.25			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Increase
<b>12041</b>	<b>Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.5 cm or less</b>	<b>Global:</b> 010	<b>Issue:</b> Repair of Intermediate Wounds	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2010	<b>Tab 22</b>	<b>Specialty Developing Recommendation:</b> AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS,	<b>First Identified:</b> February 2010	<b>2019 est Medicare Utilization:</b> 20,831	<b>2007 Work RVU:</b> 2.39 <b>2007 NF PE RVU:</b> 2.87 <b>2007 Fac PE RVU:</b> 1.29 <b>2020 Work RVU:</b> 2.10 <b>2020 NF PE RVU:</b> 4.82 <b>2020 Fac PE RVU:</b> 1.85
<b>RUC Recommendation:</b> 2.10			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

**12042** Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.6 cm to 7.5 cm **Global:** 010 **Issue:** Repair of Intermediate Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

**Most Recent RUC Meeting:** October 2010

**Tab** 22

**Specialty Developing Recommendation:**

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

**First Identified:** February 2010

**2019 est Medicare Utilization:** 52,449

**2007 Work RVU:** 2.76

**2020 Work RVU:** 2.79

**2007 NF PE RVU:** 3.57

**2020 NF PE RVU:** 5.44

**2007 Fac PE RVU** 1.63

**2020 Fac PE RVU:**2.54

**RUC Recommendation:** 2.79

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**Result:** Maintain

**12044** Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 7.6 cm to 12.5 cm **Global:** 010 **Issue:** Repair of Intermediate Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

**Most Recent RUC Meeting:** October 2010

**Tab** 22

**Specialty Developing Recommendation:**

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

**First Identified:** February 2010

**2019 est Medicare Utilization:** 2,304

**2007 Work RVU:** 3.16

**2020 Work RVU:** 3.19

**2007 NF PE RVU:** 3.74

**2020 NF PE RVU:** 6.95

**2007 Fac PE RVU** 1.69

**2020 Fac PE RVU:**2.51

**RUC Recommendation:** 3.19

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**Result:** Maintain

**12045** Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 12.6 cm to 20.0 cm **Global:** 010 **Issue:** Repair of Intermediate Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

**Most Recent RUC Meeting:** October 2010

**Tab** 22

**Specialty Developing Recommendation:**

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

**First Identified:** February 2010

**2019 est Medicare Utilization:** 337

**2007 Work RVU:** 3.65

**2020 Work RVU:** 3.75

**2007 NF PE RVU:** 5.21

**2020 NF PE RVU:** 7.24

**2007 Fac PE RVU** 2.23

**2020 Fac PE RVU:**3.37

**RUC Recommendation:** 3.90

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**Result:** Increase

## Status Report: CMS Requests and Relativity Assessment Issues

<b>12046</b>	<b>Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 20.1 cm to 30.0 cm</b>	<b>Global:</b> 010	<b>Issue:</b> Repair of Intermediate Wounds	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2010	<b>Tab 22</b>	<b>Specialty Developing Recommendation:</b> AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS,	<b>First Identified:</b> February 2010	<b>2019 est Medicare Utilization:</b> 89	<b>2007 Work RVU:</b> 4.26 <b>2007 NF PE RVU:</b> 6.28 <b>2007 Fac PE RVU:</b> 2.64 <b>2020 Work RVU:</b> 4.30 <b>2020 NF PE RVU:</b> 8.71 <b>2020 Fac PE RVU:</b> 3.74
<b>RUC Recommendation:</b> 4.60			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Increase
<b>12047</b>	<b>Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; over 30.0 cm</b>	<b>Global:</b> 010	<b>Issue:</b> Repair of Intermediate Wounds	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2010	<b>Tab 22</b>	<b>Specialty Developing Recommendation:</b> AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS,	<b>First Identified:</b> February 2010	<b>2019 est Medicare Utilization:</b> 50	<b>2007 Work RVU:</b> 4.66 <b>2007 NF PE RVU:</b> 6.3 <b>2007 Fac PE RVU:</b> 2.95 <b>2020 Work RVU:</b> 4.95 <b>2020 NF PE RVU:</b> 9.27 <b>2020 Fac PE RVU:</b> 3.97
<b>RUC Recommendation:</b> 5.50			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Increase
<b>12051</b>	<b>Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less</b>	<b>Global:</b> 010	<b>Issue:</b> Repair of Intermediate Wounds	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2010	<b>Tab 22</b>	<b>Specialty Developing Recommendation:</b> AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS,	<b>First Identified:</b> February 2010	<b>2019 est Medicare Utilization:</b> 54,376	<b>2007 Work RVU:</b> 2.49 <b>2007 NF PE RVU:</b> 3.48 <b>2007 Fac PE RVU:</b> 1.57 <b>2020 Work RVU:</b> 2.33 <b>2020 NF PE RVU:</b> 5.12 <b>2020 Fac PE RVU:</b> 2.24
<b>RUC Recommendation:</b> 2.33			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

<b>12052</b>	<b>Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm</b>	<b>Global:</b> 010	<b>Issue:</b> Repair of Intermediate Wounds	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2010	<b>Tab 45</b>	<b>Specialty Developing Recommendation:</b> AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS,	<b>First Identified:</b> February 2010	<b>2019 est Medicare Utilization:</b> 75,683	<b>2007 Work RVU:</b> 2.81 <b>2007 NF PE RVU:</b> 3.64 <b>2007 Fac PE RVU:</b> 1.72 <b>2020 Work RVU:</b> 2.87 <b>2020 NF PE RVU:</b> 5.48 <b>2020 Fac PE RVU:</b> 2.55
<b>RUC Recommendation:</b> Remove from screen		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b> <b>Result:</b> Remove from Screen	
<b>12053</b>	<b>Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm</b>	<b>Global:</b> 010	<b>Issue:</b> Repair of Intermediate Wounds	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2010	<b>Tab 22</b>	<b>Specialty Developing Recommendation:</b> AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS,	<b>First Identified:</b> February 2010	<b>2019 est Medicare Utilization:</b> 9,218	<b>2007 Work RVU:</b> 3.14 <b>2007 NF PE RVU:</b> 3.77 <b>2007 Fac PE RVU:</b> 1.68 <b>2020 Work RVU:</b> 3.17 <b>2020 NF PE RVU:</b> 6.58 <b>2020 Fac PE RVU:</b> 2.62
<b>RUC Recommendation:</b> 3.17		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b> <b>Result:</b> Maintain	
<b>12054</b>	<b>Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm</b>	<b>Global:</b> 010	<b>Issue:</b> Repair of Intermediate Wounds	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2010	<b>Tab 22</b>	<b>Specialty Developing Recommendation:</b> AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS,	<b>First Identified:</b> February 2010	<b>2019 est Medicare Utilization:</b> 2,576	<b>2007 Work RVU:</b> 3.47 <b>2007 NF PE RVU:</b> 4.02 <b>2007 Fac PE RVU:</b> 1.74 <b>2020 Work RVU:</b> 3.50 <b>2020 NF PE RVU:</b> 6.68 <b>2020 Fac PE RVU:</b> 2.31
<b>RUC Recommendation:</b> 3.50		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b> <b>Result:</b> Maintain	

## Status Report: CMS Requests and Relativity Assessment Issues

<b>12055</b>	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm	<b>Global:</b> 010	<b>Issue:</b> Repair of Intermediate Wounds	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2010	<b>Tab</b> 22	<b>Specialty Developing Recommendation:</b> AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS,	<b>First Identified:</b> February 2010	<b>2019 est Medicare Utilization:</b> 281	<b>2007 Work RVU:</b> 4.44 <b>2007 NF PE RVU:</b> 4.87 <b>2007 Fac PE RVU:</b> 2.13 <b>2020 Work RVU:</b> 4.50 <b>2020 NF PE RVU:</b> 8.63 <b>2020 Fac PE RVU:</b> 3.37
<b>RUC Recommendation:</b> 4.65			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Increase
<b>12056</b>	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 20.1 cm to 30.0 cm	<b>Global:</b> 010	<b>Issue:</b> Repair of Intermediate Wounds	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2010	<b>Tab</b> 22	<b>Specialty Developing Recommendation:</b> AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS,	<b>First Identified:</b> February 2010	<b>2019 est Medicare Utilization:</b> 41	<b>2007 Work RVU:</b> 5.25 <b>2007 NF PE RVU:</b> 6.62 <b>2007 Fac PE RVU:</b> 2.89 <b>2020 Work RVU:</b> 5.30 <b>2020 NF PE RVU:</b> 10.12 <b>2020 Fac PE RVU:</b> 4.88
<b>RUC Recommendation:</b> 5.50			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Increase
<b>12057</b>	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; over 30.0 cm	<b>Global:</b> 010	<b>Issue:</b> Repair of Intermediate Wounds	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2010	<b>Tab</b> 22	<b>Specialty Developing Recommendation:</b> AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS,	<b>First Identified:</b> February 2010	<b>2019 est Medicare Utilization:</b> 25	<b>2007 Work RVU:</b> 5.97 <b>2007 NF PE RVU:</b> 6.47 <b>2007 Fac PE RVU:</b> 3.53 <b>2020 Work RVU:</b> 6.00 <b>2020 NF PE RVU:</b> 10.32 <b>2020 Fac PE RVU:</b> 5.23
<b>RUC Recommendation:</b> 6.28			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Increase



# Status Report: CMS Requests and Relativity Assessment Issues

<b>13100</b>	Repair, complex, trunk; 1.1 cm to 2.5 cm			<b>Global:</b> 010	<b>Issue:</b> Complex Wound Repair	<b>Screen:</b> CMS Request	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab</b> 37	<b>Specialty Developing Recommendation:</b>	AAD, AAO-HNS, ASPS	<b>First Identified:</b> July 2011	<b>2019 est Medicare Utilization:</b> 6,433	<b>2007 Work RVU:</b> 3.14 <b>2007 NF PE RVU:</b> 4.15 <b>2007 Fac PE RVU:</b> 2.35 <b>Result:</b> Decrease	<b>2020 Work RVU:</b> 3.00 <b>2020 NF PE RVU:</b> 6.37 <b>2020 Fac PE RVU:</b> 2.46
<b>RUC Recommendation:</b> 3.00				<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
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<b>13101</b>	Repair, complex, trunk; 2.6 cm to 7.5 cm			<b>Global:</b> 010	<b>Issue:</b> Complex Wound Repair	<b>Screen:</b> CMS Request	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab</b> 37	<b>Specialty Developing Recommendation:</b>	AAD, AAO-HNS, ASPS	<b>First Identified:</b> July 2011	<b>2019 est Medicare Utilization:</b> 102,897	<b>2007 Work RVU:</b> 3.93 <b>2007 NF PE RVU:</b> 4.99 <b>2007 Fac PE RVU:</b> 2.77 <b>Result:</b> Decrease	<b>2020 Work RVU:</b> 3.50 <b>2020 NF PE RVU:</b> 7.52 <b>2020 Fac PE RVU:</b> 3.25
<b>RUC Recommendation:</b> 3.50				<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>							
<b>13102</b>	Repair, complex, trunk; each additional 5 cm or less (List separately in addition to code for primary procedure)			<b>Global:</b> ZZZ	<b>Issue:</b> Complex Wound Repair	<b>Screen:</b> CMS Request	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab</b> 37	<b>Specialty Developing Recommendation:</b>	AAD, AAO-HNS, ASPS	<b>First Identified:</b> July 2011	<b>2019 est Medicare Utilization:</b> 26,791	<b>2007 Work RVU:</b> 1.24 <b>2007 NF PE RVU:</b> 1.22 <b>2007 Fac PE RVU:</b> 0.57 <b>Result:</b> Maintain	<b>2020 Work RVU:</b> 1.24 <b>2020 NF PE RVU:</b> 2.01 <b>2020 Fac PE RVU:</b> 0.68
<b>RUC Recommendation:</b> 1.24				<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
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<b>13120</b>	Repair, complex, scalp, arms, and/or legs; 1.1 cm to 2.5 cm			<b>Global:</b> 010	<b>Issue:</b> Complex Wound Repair	<b>Screen:</b> CMS Fastest Growing / CPT Assistant Analysis	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2017	<b>Tab</b> 19	<b>Specialty Developing Recommendation:</b>	AAD, AAO-HNS, ASPS	<b>First Identified:</b> October 2008	<b>2019 est Medicare Utilization:</b> 12,693	<b>2007 Work RVU:</b> 3.32 <b>2007 NF PE RVU:</b> 4.26 <b>2007 Fac PE RVU:</b> 2.41 <b>Result:</b> Decrease	<b>2020 Work RVU:</b> 3.23 <b>2020 NF PE RVU:</b> 6.53 <b>2020 Fac PE RVU:</b> 3.07
<b>RUC Recommendation:</b> 3.23				<b>Referred to CPT</b> September 2018 <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> 1st article: May 2011; 2nd article July 2016; Sept 2018 CPT Editorial Meeting Tab 9, specialties submitted revisions to the guidelines.		

# Status Report: CMS Requests and Relativity Assessment Issues

<b>13121</b>	Repair, complex, scalp, arms, and/or legs; 2.6 cm to 7.5 cm	<b>Global:</b> 010	<b>Issue:</b> Complex Wound Repair	<b>Screen:</b> CMS Fastest Growing / CPT Assistant Analysis	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2017	<b>Tab</b> 19	<b>Specialty Developing Recommendation:</b> AAD, AAO-HNS, ASPS	<b>First Identified:</b> October 2008	<b>2019 est Medicare Utilization:</b> 207,941	<b>2007 Work RVU:</b> 4.36 <b>2007 NF PE RVU:</b> 5.32 <b>2007 Fac PE RVU:</b> 3.02 <b>2020 Work RVU:</b> 4.00 <b>2020 NF PE RVU:</b> 7.81 <b>2020 Fac PE RVU:</b> 3.07
<b>RUC Recommendation:</b> 4.00			<b>Referred to CPT</b> September 2018	<b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> 1st article: May 2011; 2nd article July 2016; Sept 2018 CPT Editorial Meeting Tab 9, specialties submitted revisions to the guidelines.
					<b>Result:</b> Decrease
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<b>13122</b>	Repair, complex, scalp, arms, and/or legs; each additional 5 cm or less (List separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Complex Wound Repair	<b>Screen:</b> CMS Fastest Growing / CPT Assistant Analysis	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2017	<b>Tab</b> 19	<b>Specialty Developing Recommendation:</b> AAD, AAO-HNS, ASPS	<b>First Identified:</b> October 2008	<b>2019 est Medicare Utilization:</b> 31,342	<b>2007 Work RVU:</b> 1.44 <b>2007 NF PE RVU:</b> 1.48 <b>2007 Fac PE RVU:</b> 0.63 <b>2020 Work RVU:</b> 1.44 <b>2020 NF PE RVU:</b> 2.11 <b>2020 Fac PE RVU:</b> 0.79
<b>RUC Recommendation:</b> 1.44			<b>Referred to CPT</b> September 2018	<b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> 1st article: May 2011; 2nd article July 2016; Sept 2018 CPT Editorial Meeting Tab 9, specialties submitted revisions to the guidelines.
					<b>Result:</b> Maintain
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<b>13131</b>	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 1.1 cm to 2.5 cm	<b>Global:</b> 010	<b>Issue:</b> Complex Wound Repair	<b>Screen:</b> Harvard Valued - Utilization over 30,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab</b> 37	<b>Specialty Developing Recommendation:</b> AAD, AAO-HNS, ASPS	<b>First Identified:</b> April 2011	<b>2019 est Medicare Utilization:</b> 41,454	<b>2007 Work RVU:</b> 3.80 <b>2007 NF PE RVU:</b> 4.53 <b>2007 Fac PE RVU:</b> 2.74 <b>2020 Work RVU:</b> 3.73 <b>2020 NF PE RVU:</b> 6.95 <b>2020 Fac PE RVU:</b> 2.88
<b>RUC Recommendation:</b> 3.73			<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>
					<b>Result:</b> Decrease
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# Status Report: CMS Requests and Relativity Assessment Issues

<b>13132</b>	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 2.6 cm to 7.5 cm	<b>Global:</b> 010	<b>Issue:</b> Complex Wound Repair	<b>Screen:</b> CMS Request	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab</b> 37	<b>Specialty Developing Recommendation:</b> AAD, AAO-HNS, ASPS	<b>First Identified:</b> September 2011	<b>2019 est Medicare Utilization:</b> 309,273	<b>2007 Work RVU:</b> 6.48 <b>2007 NF PE RVU:</b> 6.42 <b>2007 Fac PE RVU:</b> 4.38 <b>Result:</b> Decrease <b>2020 Work RVU:</b> 4.78 <b>2020 NF PE RVU:</b> 8.30 <b>2020 Fac PE RVU:</b> 3.52
<b>RUC Recommendation:</b> 4.78			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
<b>13133</b>	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; each additional 5 cm or less (List separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Complex Wound Repair	<b>Screen:</b> CMS Request	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab</b> 37	<b>Specialty Developing Recommendation:</b> AAD, AAO-HNS, ASPS	<b>First Identified:</b> September 2011	<b>2019 est Medicare Utilization:</b> 17,262	<b>2007 Work RVU:</b> 2.19 <b>2007 NF PE RVU:</b> 1.72 <b>2007 Fac PE RVU:</b> 1.02 <b>Result:</b> Maintain <b>2020 Work RVU:</b> 2.19 <b>2020 NF PE RVU:</b> 2.52 <b>2020 Fac PE RVU:</b> 1.23
<b>RUC Recommendation:</b> 2.19			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
<b>13150</b>	Repair, complex, eyelids, nose, ears and/or lips; 1.0 cm or less	<b>Global:</b>	<b>Issue:</b> Complex Wound Repair	<b>Screen:</b> CMS Request	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab</b> 37	<b>Specialty Developing Recommendation:</b> AAD, AAO-HNS, ASPS	<b>First Identified:</b> September 2011	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> 3.82 <b>2007 NF PE RVU:</b> 4.83 <b>2007 Fac PE RVU:</b> 2.76 <b>Result:</b> Deleted from CPT <b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> October 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
<b>13151</b>	Repair, complex, eyelids, nose, ears and/or lips; 1.1 cm to 2.5 cm	<b>Global:</b> 010	<b>Issue:</b> Complex Wound Repair	<b>Screen:</b> CMS Request	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab</b> 37	<b>Specialty Developing Recommendation:</b> AAD, AAO-HNS, ASPS	<b>First Identified:</b> September 2011	<b>2019 est Medicare Utilization:</b> 33,842	<b>2007 Work RVU:</b> 4.46 <b>2007 NF PE RVU:</b> 4.99 <b>2007 Fac PE RVU:</b> 3.17 <b>Result:</b> Decrease <b>2020 Work RVU:</b> 4.34 <b>2020 NF PE RVU:</b> 7.28 <b>2020 Fac PE RVU:</b> 3.24
<b>RUC Recommendation:</b> 4.34			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	

## Status Report: CMS Requests and Relativity Assessment Issues

<b>13152</b>	Repair, complex, eyelids, nose, ears and/or lips; 2.6 cm to 7.5 cm	<b>Global:</b> 010	<b>Issue:</b> Complex Wound Repair	<b>Screen:</b> Harvard Valued - Utilization over 30,000 / Harvard-Valued with Annual Allowed Charges over \$10 million	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab</b> 37	<b>Specialty Developing Recommendation:</b> AAD, AAO-HNS, ASPS	<b>First Identified:</b> April 2011	<b>2019 est Medicare Utilization:</b> 54,926	<b>2007 Work RVU:</b> 6.34 <b>2007 NF PE RVU:</b> 6.42 <b>2007 Fac PE RVU:</b> 4.03 <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 5.34			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> 5.34 <b>2020 NF PE RVU:</b> 8.44 <b>2020 Fac PE RVU:</b> 3.82
<b>13153</b>	Repair, complex, eyelids, nose, ears and/or lips; each additional 5 cm or less (List separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Complex Wound Repair	<b>Screen:</b> CMS Request	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab</b> 37	<b>Specialty Developing Recommendation:</b> AAD, AAO-HNS, ASPS	<b>First Identified:</b> July 2011	<b>2019 est Medicare Utilization:</b> 938	<b>2007 Work RVU:</b> 2.38 <b>2007 NF PE RVU:</b> 1.96 <b>2007 Fac PE RVU:</b> 1.11 <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 2.38			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> 2.38 <b>2020 NF PE RVU:</b> 2.73 <b>2020 Fac PE RVU:</b> 1.30
<b>14000</b>	Adjacent tissue transfer or rearrangement, trunk; defect 10 sq cm or less	<b>Global:</b> 090	<b>Issue:</b> Skin Tissue Rearrangement	<b>Screen:</b> Site of Service Anomaly	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2008	<b>Tab</b> 9	<b>Specialty Developing Recommendation:</b> ACS, AAD, ASPS	<b>First Identified:</b> April 2008	<b>2019 est Medicare Utilization:</b> 7,303	<b>2007 Work RVU:</b> 6.83 <b>2007 NF PE RVU:</b> 8.14 <b>2007 Fac PE RVU:</b> 5.63 <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 6.19			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> 6.37 <b>2020 NF PE RVU:</b> 10.49 <b>2020 Fac PE RVU:</b> 6.90

# Status Report: CMS Requests and Relativity Assessment Issues

<b>14001</b>	Adjacent tissue transfer or rearrangement, trunk; defect 10.1 sq cm to 30.0 sq cm	<b>Global:</b> 090	<b>Issue:</b> Skin Tissue Rearrangement	<b>Screen:</b> Site of Service Anomaly	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2008	<b>Tab</b> 9	<b>Specialty Developing Recommendation:</b> ACS, AAD, ASPS	<b>First Identified:</b> September 2007	<b>2019 est Medicare Utilization:</b> 9,637	<b>2007 Work RVU:</b> 9.60 <b>2007 NF PE RVU:</b> 9.86 <b>2007 Fac PE RVU:</b> 7.22 <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 8.58			<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>
<b>2020 Work RVU:</b> 8.78					<b>2020 NF PE RVU:</b> 12.52
					<b>2020 Fac PE RVU:</b> 8.26
<b>14020</b>	Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10 sq cm or less	<b>Global:</b> 090	<b>Issue:</b> Skin Tissue Rearrangement	<b>Screen:</b> Site of Service Anomaly	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2008	<b>Tab</b> 9	<b>Specialty Developing Recommendation:</b> AAD, ASPS	<b>First Identified:</b> April 2008	<b>2019 est Medicare Utilization:</b> 17,817	<b>2007 Work RVU:</b> 7.66 <b>2007 NF PE RVU:</b> 8.98 <b>2007 Fac PE RVU:</b> 6.64 <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 7.02			<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>
					<b>2020 Work RVU:</b> 7.22
					<b>2020 NF PE RVU:</b> 11.65
					<b>2020 Fac PE RVU:</b> 7.90
<b>14021</b>	Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10.1 sq cm to 30.0 sq cm	<b>Global:</b> 090	<b>Issue:</b> Skin Tissue Rearrangement	<b>Screen:</b> Site of Service Anomaly / CMS Fastest Growing	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2008	<b>Tab</b> 9	<b>Specialty Developing Recommendation:</b> AAD, ASPS	<b>First Identified:</b> September 2007	<b>2019 est Medicare Utilization:</b> 19,350	<b>2007 Work RVU:</b> 11.18 <b>2007 NF PE RVU:</b> 10.63 <b>2007 Fac PE RVU:</b> 8.41 <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 9.52			<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>
					<b>2020 Work RVU:</b> 9.72
					<b>2020 NF PE RVU:</b> 13.67
					<b>2020 Fac PE RVU:</b> 9.33
<b>14040</b>	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10 sq cm or less	<b>Global:</b> 090	<b>Issue:</b> Skin Tissue Rearrangement	<b>Screen:</b> Site of Service Anomaly	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2008	<b>Tab</b> 9	<b>Specialty Developing Recommendation:</b> AAD, ASPS, AAO-HNS	<b>First Identified:</b> April 2008	<b>2019 est Medicare Utilization:</b> 67,406	<b>2007 Work RVU:</b> 8.44 <b>2007 NF PE RVU:</b> 9.17 <b>2007 Fac PE RVU:</b> 7.17 <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 8.44			<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>
					<b>2020 Work RVU:</b> 8.60
					<b>2020 NF PE RVU:</b> 11.95
					<b>2020 Fac PE RVU:</b> 8.22

# Status Report: CMS Requests and Relativity Assessment Issues

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

**Most Recent** **Tab** 9 **Specialty Developing** AAD, ASPS, **First** **2019 est**  
**RUC Meeting:** October 2008 **Recommendation:** AAO-HNS **Identified:** September 2007 **Medicare**  
**Utilization:** 45,011

**RUC Recommendation:** 10.63 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**2007 Work RVU:** 12.67 **2020 Work RVU:** 10.83  
**2007 NF PE RVU:** 11.37 **2020 NF PE RVU:** 14.32  
**2007 Fac PE RVU:** 8.88 **2020 Fac PE RVU:** 9.81  
**Result:** Decrease

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

**Most Recent** **Tab** 9 **Specialty Developing** AAD, ASPS, **First** **2019 est**  
**RUC Meeting:** October 2008 **Recommendation:** AAO-HNS **Identified:** April 2008 **Medicare**  
**Utilization:** 90,113

**RUC Recommendation:** Maintain **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**2007 Work RVU:** 9.07 **2020 Work RVU:** 9.23  
**2007 NF PE RVU:** 9.02 **2020 NF PE RVU:** 11.63  
**2007 Fac PE RVU:** 7.39 **2020 Fac PE RVU:** 8.73  
**Result:** Maintain

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

**Most Recent** **Tab** 9 **Specialty Developing** AAD, ASPS, **First** **2019 est**  
**RUC Meeting:** October 2008 **Recommendation:** AAO-HNS **Identified:** September 2007 **Medicare**  
**Utilization:** 31,224

**RUC Recommendation:** 11.25 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**2007 Work RVU:** 13.67 **2020 Work RVU:** 11.48  
**2007 NF PE RVU:** 12.45 **2020 NF PE RVU:** 15.61  
**2007 Fac PE RVU:** 9.72 **2020 Fac PE RVU:** 10.66  
**Result:** Decrease

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

**Most Recent** **Tab** 04 **Specialty Developing** ACS, AAD, **First** **2019 est**  
**RUC Meeting:** April 2009 **Recommendation:** ASPS, AAO-HNS **Identified:** September 2007 **Medicare**  
**Utilization:**

**RUC Recommendation:** Deleted from CPT **Referred to CPT** February 2009 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**2007 Work RVU:** 13.26 **2020 Work RVU:**  
**2007 NF PE RVU:** 11.77 **2020 NF PE RVU:**  
**2007 Fac PE RVU:** 9.28 **2020 Fac PE RVU:**  
**Result:** Deleted from CPT

## Status Report: CMS Requests and Relativity Assessment Issues

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

**Most Recent**  
**RUC Meeting:** April 2009

**Tab 04** **Specialty Developing** ACS, AAO-  
**Recommendation:** HNS, ASPS

**First** **2019 est**  
**Identified:** September 2007 **Medicare**  
**Utilization:** 38,864

**2007 Work RVU:** **2020 Work RVU:** 12.65  
**2007 NF PE RVU:** **2020 NF PE RVU:** 16.35  
**2007 Fac PE RVU** **2020 Fac PE RVU:**10.50  
**Result:** Decrease

**RUC Recommendation:** 12.47

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

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

**Most Recent**  
**RUC Meeting:** April 2009

**Tab 04** **Specialty Developing** ACS, AAO-  
**Recommendation:** HNS, ASPS

**First** **2019 est**  
**Identified:** September 2007 **Medicare**  
**Utilization:** 40,086

**2007 Work RVU:** **2020 Work RVU:** 3.73  
**2007 NF PE RVU:** **2020 NF PE RVU:** 1.96  
**2007 Fac PE RVU** **2020 Fac PE RVU:**1.96  
**Result:** Decrease

**RUC Recommendation:** 3.73

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

**15002** Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; first 100 sq cm or 1% of body area of infants and children **Global:** 000 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

**Most Recent**  
**RUC Meeting:** September 2014

**Tab 21** **Specialty Developing** ASPS  
**Recommendation:**

**First** **2019 est**  
**Identified:** January 2014 **Medicare**  
**Utilization:** 24,066

**2007 Work RVU:** 3.65 **2020 Work RVU:** 3.65  
**2007 NF PE RVU:** 4.12 **2020 NF PE RVU:** 5.75  
**2007 Fac PE RVU** 1.65 **2020 Fac PE RVU:**2.16  
**Result:** Maintain

**RUC Recommendation:** Maintain work RVU and adjust the times from pre-time package 4.

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

# Status Report: CMS Requests and Relativity Assessment Issues

<b>15004</b>	<b>Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; first 100 sq cm or 1% of body area of infants and children</b>	<b>Global:</b> 000	<b>Issue:</b> RAW	<b>Screen:</b> Pre-Time Analysis	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2014	<b>Tab</b> 21 <b>Specialty Developing Recommendation:</b> ASPS, APMA	<b>First Identified:</b> January 2014	<b>2019 est Medicare Utilization:</b> 32,464	<b>2007 Work RVU:</b> 4.58 <b>2007 NF PE RVU:</b> 4.77 <b>2007 Fac PE RVU:</b> 1.97 <b>Result:</b> Maintain	<b>2020 Work RVU:</b> 4.58 <b>2020 NF PE RVU:</b> 6.24 <b>2020 Fac PE RVU:</b> 2.45
<b>RUC Recommendation:</b> Maintain work RVU and adjust the times from pre-time package 4.		<b>Referred to CPT</b>			
		<b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>	
<b>15100</b>	<b>Split-thickness autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)</b>	<b>Global:</b> 090	<b>Issue:</b> RAW	<b>Screen:</b> Pre-Time Analysis	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2014	<b>Tab</b> 21 <b>Specialty Developing Recommendation:</b> ASPS	<b>First Identified:</b> January 2014	<b>2019 est Medicare Utilization:</b> 13,549	<b>2007 Work RVU:</b> 9.74 <b>2007 NF PE RVU:</b> 11.91 <b>2007 Fac PE RVU:</b> 7.57 <b>Result:</b> Maintain	<b>2020 Work RVU:</b> 9.90 <b>2020 NF PE RVU:</b> 13.06 <b>2020 Fac PE RVU:</b> 8.81
<b>RUC Recommendation:</b> Maintain work RVU and adjust the times from pre-time package 4.		<b>Referred to CPT</b>			
		<b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>	
<b>15120</b>	<b>Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)</b>	<b>Global:</b> 090	<b>Issue:</b> Autograft	<b>Screen:</b> Site of Service Anomaly	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2007	<b>Tab</b> 16 <b>Specialty Developing Recommendation:</b> AAO-HNS, ASPS	<b>First Identified:</b> September 2007	<b>2019 est Medicare Utilization:</b> 9,650	<b>2007 Work RVU:</b> 10.96 <b>2007 NF PE RVU:</b> 10.87 <b>2007 Fac PE RVU:</b> 7.71 <b>Result:</b> Remove from Screen	<b>2020 Work RVU:</b> 10.15 <b>2020 NF PE RVU:</b> 12.60 <b>2020 Fac PE RVU:</b> 8.19
<b>RUC Recommendation:</b> Remove from screen		<b>Referred to CPT</b>			
		<b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>	



## Status Report: CMS Requests and Relativity Assessment Issues

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

**Most Recent RUC Meeting:** February 2010

**Tab 31 Specialty Developing Recommendation:** APMA, ASPS

**First Identified:** February 2010

**2019 est Medicare Utilization:**

**2007 Work RVU:** 5.99

**2020 Work RVU:**

**2007 NF PE RVU:** 3.79

**2020 NF PE RVU:**

**2007 Fac PE RVU:** 2.37

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

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

**Most Recent RUC Meeting:** February 2010

**Tab 31 Specialty Developing Recommendation:** APMA, ASPS

**First Identified:** February 2010

**2019 est Medicare Utilization:**

**2007 Work RVU:** 1.55

**2020 Work RVU:**

**2007 NF PE RVU:** 0.68

**2020 NF PE RVU:**

**2007 Fac PE RVU:** 0.6

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

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

**Most Recent RUC Meeting:** February 2010

**Tab 31 Specialty Developing Recommendation:** APMA, ASPS

**First Identified:** October 2009

**2019 est Medicare Utilization:**

**2007 Work RVU:** 7.99

**2020 Work RVU:**

**2007 NF PE RVU:** 5.4

**2020 NF PE RVU:**

**2007 Fac PE RVU:** 3.96

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2010

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

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

**Most Recent** **Tab** 31 **Specialty Developing** APMA, ASPS **First** **2019 est** **2007 Work RVU:** 2.45 **2020 Work RVU:**  
**RUC Meeting:** February 2010 **Recommendation:** **Identified:** February 2010 **Medicare** **2007 NF PE RVU:** 1.1 **2020 NF PE RVU:**  
**Utilization:** **2007 Fac PE RVU** 0.95 **2020 Fac PE RVU:**  
**RUC Recommendation:** Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

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

**Most Recent** **Tab** 16 **Specialty Developing** AAO-HNS, ASPS **First** **2019 est** **2007 Work RVU:** 7.95 **2020 Work RVU:** 8.09  
**RUC Meeting:** September 2007 **Recommendation:** **Identified:** September 2007 **Medicare** **2007 NF PE RVU:** 9.5 **2020 NF PE RVU:** 12.78  
**Utilization:** 9,947 **2007 Fac PE RVU** 6.69 **2020 Fac PE RVU:** 8.28  
**RUC Recommendation:** Reduce 99238 to 0.5 **Referred to CPT** **Result:** PE Only  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**15240** Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; 20 sq cm or less **Global:** 090 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

**Most Recent** **Tab** 21 **Specialty Developing** ASPS, AAD **First** **2019 est** **2007 Work RVU:** 10.15 **2020 Work RVU:** 10.41  
**RUC Meeting:** September 2014 **Recommendation:** **Identified:** January 2014 **Medicare** **2007 NF PE RVU:** 10.66 **2020 NF PE RVU:** 14.78  
**Utilization:** 13,328 **2007 Fac PE RVU** 8.2 **2020 Fac PE RVU:** 10.99  
**RUC Recommendation:** Maintain work RVU and adjust the times from pre-time package 4. **Referred to CPT** **Result:** Maintain  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

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

**Most Recent RUC Meeting:** April 2011

**Tab** 04

**Specialty Developing Recommendation:**

ACS, APMA, ASPS

**First Identified:** April 2011

**2019 est Medicare Utilization:** 111,779

**2007 Work RVU:**

**2020 Work RVU:** 1.50

**2007 NF PE RVU:**

**2020 NF PE RVU:** 2.56

**2007 Fac PE RVU**

**2020 Fac PE RVU:**0.72

**Result:** Decrease

**RUC Recommendation:** 1.50

**Referred to CPT** February 2011

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

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

**Most Recent RUC Meeting:** April 2011

**Tab** 04

**Specialty Developing Recommendation:**

ACS, APMA, ASPS

**First Identified:** April 2011

**2019 est Medicare Utilization:** 14,569

**2007 Work RVU:**

**2020 Work RVU:** 0.33

**2007 NF PE RVU:**

**2020 NF PE RVU:** 0.36

**2007 Fac PE RVU**

**2020 Fac PE RVU:**0.12

**Result:** Decrease

**RUC Recommendation:** 0.59

**Referred to CPT** February 2011

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

**15273** Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children **Global:** 000 **Issue:** Chronic Wound Dermal Substitute **Screen:** Different Performing Specialty from Survey **Complete?** Yes

**Most Recent RUC Meeting:** April 2011

**Tab** 04

**Specialty Developing Recommendation:**

ACS, APMA, ASPS

**First Identified:** April 2011

**2019 est Medicare Utilization:** 5,775

**2007 Work RVU:**

**2020 Work RVU:** 3.50

**2007 NF PE RVU:**

**2020 NF PE RVU:** 4.80

**2007 Fac PE RVU**

**2020 Fac PE RVU:**1.69

**Result:** Decrease

**RUC Recommendation:** 3.50

**Referred to CPT** February 2011

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

## Status Report: CMS Requests and Relativity Assessment Issues

15274	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	Global: ZZZ	Issue: Chronic Wound Dermal Substitute	Screen: Different Performing Specialty from Survey	Complete? Yes		
Most Recent RUC Meeting:	April 2011	Tab 04	Specialty Developing Recommendation: ACS, APMA, ASPS	First Identified: April 2011	2019 est Medicare Utilization: 25,402	2007 Work RVU:	2020 Work RVU: 0.80
						2007 NF PE RVU:	2020 NF PE RVU: 1.30
						2007 Fac PE RVU	2020 Fac PE RVU:0.36
RUC Recommendation:	0.80			Referred to CPT February 2011		Result: Decrease	
				Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
15275	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area	Global: 000	Issue: Chronic Wound Dermal Substitute	Screen: Different Performing Specialty from Survey	Complete? Yes		
Most Recent RUC Meeting:	April 2011	Tab 04	Specialty Developing Recommendation: ACS, APMA, ASPS	First Identified: April 2011	2019 est Medicare Utilization: 122,551	2007 Work RVU:	2020 Work RVU: 1.83
						2007 NF PE RVU:	2020 NF PE RVU: 2.46
						2007 Fac PE RVU	2020 Fac PE RVU:0.73
RUC Recommendation:	1.83			Referred to CPT February 2011		Result: Decrease	
				Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
15276	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure)	Global: ZZZ	Issue: Chronic Wound Dermal Substitute	Screen: Different Performing Specialty from Survey	Complete? Yes		
Most Recent RUC Meeting:	April 2011	Tab 04	Specialty Developing Recommendation: ACS, APMA, ASPS	First Identified: April 2011	2019 est Medicare Utilization: 6,340	2007 Work RVU:	2020 Work RVU: 0.50
						2007 NF PE RVU:	2020 NF PE RVU: 0.40
						2007 Fac PE RVU	2020 Fac PE RVU:0.17
RUC Recommendation:	0.59			Referred to CPT February 2011		Result: Decrease	
				Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

## Status Report: CMS Requests and Relativity Assessment Issues

**15277** Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children **Global:** 000 **Issue:** Chronic Wound Dermal Substitute **Screen:** Different Performing Specialty from Survey **Complete?** Yes

**Most Recent RUC Meeting:** April 2011 **Tab** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2019 est Medicare Utilization:** 1,720 **2007 Work RVU:** **2020 Work RVU:** 4.00 **2007 NF PE RVU:** **2020 NF PE RVU:** 5.09 **2007 Fac PE RVU** **2020 Fac PE RVU:** 1.90 **Result:** Decrease

**RUC Recommendation:** 4.00 **Referred to CPT** February 2011 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**15278** Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Chronic Wound Dermal Substitute **Screen:** Different Performing Specialty from Survey **Complete?** Yes

**Most Recent RUC Meeting:** April 2011 **Tab** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2019 est Medicare Utilization:** 2,936 **2007 Work RVU:** **2020 Work RVU:** 1.00 **2007 NF PE RVU:** **2020 NF PE RVU:** 1.46 **2007 Fac PE RVU** **2020 Fac PE RVU:** 0.46 **Result:** Decrease

**RUC Recommendation:** 1.00 **Referred to CPT** February 2011 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**15320** Deleted from CPT **Global:** **Issue:** Skin Allograft **Screen:** Different Performing Specialty from Survey **Complete?** Yes

**Most Recent RUC Meeting:** February 2010 **Tab** 31 **Specialty Developing Recommendation:** APMA, ASPS **First Identified:** October 2009 **2019 est Medicare Utilization:** **2007 Work RVU:** 5.36 **2020 Work RVU:** **2007 NF PE RVU:** 3.66 **2020 NF PE RVU:** **2007 Fac PE RVU** 2.49 **2020 Fac PE RVU:** **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** October 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**15321 Deleted from CPT**

**Global:**

**Issue:** Skin Allograft

**Screen:** Different Performing Specialty from Survey

**Complete?** Yes

**Most Recent RUC Meeting:** February 2010

**Tab** 31

**Specialty Developing Recommendation:** APMA, ASPS

**First Identified:** February 2010

**2019 est Medicare Utilization:**

**2007 Work RVU:** 1.50

**2020 Work RVU:**

**2007 NF PE RVU:** 0.69

**2020 NF PE RVU:**

**2007 Fac PE RVU:** 0.57

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

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

**Global:**

**Issue:** Allograft

**Screen:** High IWPUT

**Complete?** Yes

**Most Recent RUC Meeting:** February 2008

**Tab** S

**Specialty Developing Recommendation:** ASPS

**First Identified:** February 2008

**2019 est Medicare Utilization:**

**2007 Work RVU:** 3.99

**2020 Work RVU:**

**2007 NF PE RVU:** 3.18

**2020 NF PE RVU:**

**2007 Fac PE RVU:** 2.15

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**15331 Deleted from CPT**

**Global:**

**Issue:** Acellular Dermal Allograft

**Screen:** Different Performing Specialty from Survey

**Complete?** Yes

**Most Recent RUC Meeting:** February 2010

**Tab** 31

**Specialty Developing Recommendation:** AAO-HNS, APMA, ASPS

**First Identified:** February 2010

**2019 est Medicare Utilization:**

**2007 Work RVU:** 1.00

**2020 Work RVU:**

**2007 NF PE RVU:** 0.46

**2020 NF PE RVU:**

**2007 Fac PE RVU:** 0.39

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**15335 Deleted from CPT**

**Global:**

**Issue:** Acellular Dermal Allograft

**Screen:** Different Performing Specialty from Survey

**Complete?** Yes

**Most Recent RUC Meeting:** February 2010

**Tab** 31

**Specialty Developing Recommendation:** AAO-HNS, APMA, ASPS

**First Identified:** October 2009

**2019 est Medicare Utilization:**

**2007 Work RVU:** 4.50

**2020 Work RVU:**

**2007 NF PE RVU:** 3.46

**2020 NF PE RVU:**

**2007 Fac PE RVU:** 2.35

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2010

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

**15336 Deleted from CPT**

**Global:**

**Issue:** Acellular Dermal Allograft

**Screen:** Different Performing Specialty from Survey

**Complete?** Yes

**Most Recent RUC Meeting:** February 2010

**Tab** 31

**Specialty Developing Recommendation:** AAO-HNS, APMA, ASPS

**First Identified:** February 2010

**2019 est Medicare Utilization:**

**2007 Work RVU:** 1.43

**2020 Work RVU:**

**2007 NF PE RVU:** 0.7

**2020 NF PE RVU:**

**2007 Fac PE RVU:** 0.55

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2011

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

**15360 Deleted from CPT**

**Global:**

**Issue:** Tissue Cultured Allogeneic Dermal Substitute

**Screen:** Different Performing Specialty from Survey

**Complete?** Yes

**Most Recent RUC Meeting:** February 2010

**Tab** 31

**Specialty Developing Recommendation:** APMA, ASPS

**First Identified:** February 2010

**2019 est Medicare Utilization:**

**2007 Work RVU:** 3.93

**2020 Work RVU:**

**2007 NF PE RVU:** 4.47

**2020 NF PE RVU:**

**2007 Fac PE RVU:** 3.13

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2011

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

**15361 Deleted from CPT**

**Global:**

**Issue:** Tissue Cultured Allogeneic Dermal Substitute

**Screen:** Different Performing Specialty from Survey

**Complete?** Yes

**Most Recent RUC Meeting:** February 2010

**Tab** 31

**Specialty Developing Recommendation:** APMA, ASPS

**First Identified:** February 2010

**2019 est Medicare Utilization:**

**2007 Work RVU:** 1.15

**2020 Work RVU:**

**2007 NF PE RVU:** 0.58

**2020 NF PE RVU:**

**2007 Fac PE RVU:** 0.44

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2011

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

**15365 Deleted from CPT**

**Global:**

**Issue:** Tissue Cultured Allogeneic Dermal Substitute

**Screen:** Different Performing Specialty from Survey

**Complete?** Yes

**Most Recent RUC Meeting:** February 2010

**Tab** 31

**Specialty Developing Recommendation:** APMA, ASPS

**First Identified:** October 2009

**2019 est Medicare Utilization:**

**2007 Work RVU:** 4.21

**2020 Work RVU:**

**2007 NF PE RVU:** 4.5

**2020 NF PE RVU:**

**2007 Fac PE RVU:** 3.2

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2010

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

# Status Report: CMS Requests and Relativity Assessment Issues

**15366 Deleted from CPT**

**Global:**

**Issue:** Tissue Cultured Allogeneic Dermal Substitute

**Screen:** Different Performing Specialty from Survey

**Complete?** Yes

**Most Recent RUC Meeting:** February 2010

**Tab** 31

**Specialty Developing Recommendation:** APMA, ASPS

**First Identified:** February 2010

**2019 est Medicare Utilization:**

**2007 Work RVU:** 1.45

**2020 Work RVU:**

**2007 NF PE RVU:** 0.7

**2020 NF PE RVU:**

**2007 Fac PE RVU:** 0.56

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2011

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

**15400 Deleted from CPT**

**Global:**

**Issue:** Xenograft

**Screen:** Site of Service Anomaly

**Complete?** Yes

**Most Recent RUC Meeting:** September 2007

**Tab** 16

**Specialty Developing Recommendation:** APMA, AAO-HNS, ASPS

**First Identified:** September 2007

**2019 est Medicare Utilization:**

**2007 Work RVU:** 4.38

**2020 Work RVU:**

**2007 NF PE RVU:** 4.25

**2020 NF PE RVU:**

**2007 Fac PE RVU:** 3.95

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**

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

**15401 Deleted from CPT**

**Global:**

**Issue:** Xenograft

**Screen:** High Volume Growth1

**Complete?** Yes

**Most Recent RUC Meeting:** February 2008

**Tab** S

**Specialty Developing Recommendation:** ACS, ASPS

**First Identified:** February 2008

**2019 est Medicare Utilization:**

**2007 Work RVU:** 1.00

**2020 Work RVU:**

**2007 NF PE RVU:** 1.67

**2020 NF PE RVU:**

**2007 Fac PE RVU:** 0.42

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**

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

**15420 Deleted from CPT**

**Global:**

**Issue:** Xenograft Skin

**Screen:** Different Performing Specialty from Survey

**Complete?** Yes

**Most Recent RUC Meeting:** February 2010

**Tab** 31

**Specialty Developing Recommendation:** APMA, ASPS, AAD

**First Identified:** October 2009

**2019 est Medicare Utilization:**

**2007 Work RVU:** 4.89

**2020 Work RVU:**

**2007 NF PE RVU:** 4.86

**2020 NF PE RVU:**

**2007 Fac PE RVU:** 3.83

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2010

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



# Status Report: CMS Requests and Relativity Assessment Issues

**15421 Deleted from CPT** **Global:** **Issue:** Xenograft Skin **Screen:** Different Performing Specialty from Survey **Complete?** Yes

**Most Recent** **Tab** 31 **Specialty Developing** APMA, **First** **2019 est** **2007 Work RVU:** 1.50 **2020 Work RVU:**  
**RUC Meeting:** February 2010 **Recommendation:** ASPS, AAD **Identified:** February 2010 **Medicare** **2007 NF PE RVU:** 1.29 **2020 NF PE RVU:**  
**Utilization:** **2007 Fac PE RVU** 0.6 **2020 Fac PE RVU:**  
**RUC Recommendation:** Deleted from CPT **Referred to CPT** February 2011 **Result:** Deleted from CPT  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

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

**Most Recent** **Tab** 10 **Specialty Developing** ACS, ASPS, **First** **2019 est** **2007 Work RVU:** 10.00 **2020 Work RVU:** 10.21  
**RUC Meeting:** October 2008 **Recommendation:** AAO-HNS **Identified:** September 2007 **Medicare** **2007 NF PE RVU:** 11.09 **2020 NF PE RVU:** 14.15  
**Utilization:** 292 **2007 Fac PE RVU** 6.71 **2020 Fac PE RVU:** 9.10  
**RUC Recommendation:** 10.00 **Referred to CPT** **Result:** Maintain  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

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

**Most Recent** **Tab** 10 **Specialty Developing** ACS, ASPS, **First** **2019 est** **2007 Work RVU:** 9.94 **2020 Work RVU:** 10.12  
**RUC Meeting:** October 2008 **Recommendation:** AAO-HNS **Identified:** April 2008 **Medicare** **2007 NF PE RVU:** 9.59 **2020 NF PE RVU:** 13.49  
**Utilization:** 691 **2007 Fac PE RVU** 6.53 **2020 Fac PE RVU:** 9.46  
**RUC Recommendation:** 9.94 **Referred to CPT** **Result:** Maintain  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

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

**Most Recent** **Tab** 10 **Specialty Developing** ASPS, AAO- **First** **2019 est** **2007 Work RVU:** 10.52 **2020 Work RVU:** 10.70  
**RUC Meeting:** October 2008 **Recommendation:** HNS **Identified:** September 2007 **Medicare** **2007 NF PE RVU:** 10.64 **2020 NF PE RVU:** 13.46  
**Utilization:** 1,483 **2007 Fac PE RVU** 7.6 **2020 Fac PE RVU:** 9.33  
**RUC Recommendation:** 10.52 **Referred to CPT** **Result:** Maintain  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

<b>15576</b>	<b>Formation of direct or tubed pedicle, with or without transfer; eyelids, nose, ears, lips, or intraoral</b>	<b>Global:</b> 090	<b>Issue:</b> Skin Pedicle Flaps	<b>Screen:</b> Site of Service Anomaly	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2008	<b>Tab</b> 10	<b>Specialty Developing Recommendation:</b> ASPS, AAO-HNS	<b>First Identified:</b> September 2007	<b>2019 est Medicare Utilization:</b> 4,346	<b>2007 Work RVU:</b> 9.24 <b>2007 NF PE RVU:</b> 9.74 <b>2007 Fac PE RVU:</b> 6.81 <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 9.24			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> 9.37 <b>2020 NF PE RVU:</b> 12.23 <b>2020 Fac PE RVU:</b> 8.41
<hr/>					
<b>15730</b>	<b>Midface flap (ie, zygomaticofacial flap) with preservation of vascular pedicle(s)</b>	<b>Global:</b> 090	<b>Issue:</b> Muscle Flaps	<b>Screen:</b> High Level E/M in Global Period	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab</b> 05	<b>Specialty Developing Recommendation:</b> AAO	<b>First Identified:</b> January 2017	<b>2019 est Medicare Utilization:</b> 1,767	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b>
<b>RUC Recommendation:</b> 13.50			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> 13.50 <b>2020 NF PE RVU:</b> 27.69 <b>2020 Fac PE RVU:</b> 11.12 <b>Result:</b> Decrease
<hr/>					
<b>15731</b>	<b>Forehead flap with preservation of vascular pedicle (eg, axial pattern flap, paramedian forehead flap)</b>	<b>Global:</b> 090	<b>Issue:</b> Muscle Flaps	<b>Screen:</b> High Level E/M in Global Period	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab</b> 05	<b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> April 2016	<b>2019 est Medicare Utilization:</b> 2,362	<b>2007 Work RVU:</b> 14.12 <b>2007 NF PE RVU:</b> 12.13 <b>2007 Fac PE RVU:</b> 9.56 <b>Result:</b> Not Part of RAW
<b>RUC Recommendation:</b> Not part of family			<b>Referred to CPT</b> September 2016 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> 14.38 <b>2020 NF PE RVU:</b> 15.63 <b>2020 Fac PE RVU:</b> 12.21

# Status Report: CMS Requests and Relativity Assessment Issues

<b>15732</b>	<b>Muscle, myocutaneous, or fasciocutaneous flap; head and neck (eg, temporalis, masseter muscle, sternocleidomastoid, levator scapulae)</b>	<b>Global:</b>	<b>Issue:</b> Muscle Flaps	<b>Screen:</b> Site of Service Anomaly / High Level E/M in Global Period	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab</b> 05 <b>Specialty Developing Recommendation:</b> ASPS	<b>First Identified:</b> September 2007	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> 19.70 <b>2007 NF PE RVU:</b> 17.27 <b>2007 Fac PE RVU:</b> 12.01 <b>Result:</b> Deleted from CPT	<b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> September 2016 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>15733</b>	<b>Muscle, myocutaneous, or fasciocutaneous flap; head and neck with named vascular pedicle (ie, buccinators, genioglossus, temporalis, masseter, sternocleidomastoid, levator scapulae)</b>	<b>Global:</b> 090	<b>Issue:</b> Muscle Flaps	<b>Screen:</b> High Level E/M in Global Period	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab</b> 05 <b>Specialty Developing Recommendation:</b> ASPS	<b>First Identified:</b> January 2017	<b>2019 est Medicare Utilization:</b> 5,657	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease	<b>2020 Work RVU:</b> 15.68 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 11.99
<b>RUC Recommendation:</b> 15.68		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>15734</b>	<b>Muscle, myocutaneous, or fasciocutaneous flap; trunk</b>	<b>Global:</b> 090	<b>Issue:</b> Muscle Flaps	<b>Screen:</b> High Level E/M in Global Period	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab</b> 14 <b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> October 2015	<b>2019 est Medicare Utilization:</b> 24,232	<b>2007 Work RVU:</b> 19.62 <b>2007 NF PE RVU:</b> 17.58 <b>2007 Fac PE RVU:</b> 12.32 <b>Result:</b> Increase	<b>2020 Work RVU:</b> 23.00 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 15.90
<b>RUC Recommendation:</b> 23.00		<b>Referred to CPT</b> September 2016 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

## Status Report: CMS Requests and Relativity Assessment Issues

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**15736** Muscle, myocutaneous, or fasciocutaneous flap; upper extremity      **Global:** 090      **Issue:** Muscle Flaps      **Screen:** High Level E/M in Global Period      **Complete?** Yes

**Most Recent RUC Meeting:** April 2016      **Tab** 14      **Specialty Developing Recommendation:** ASSH, ASPS      **First Identified:** January 2016      **2019 est Medicare Utilization:** 1,501      **2007 Work RVU:** 16.92      **2020 Work RVU:** 17.04  
**2007 NF PE RVU:** 17.17      **2020 NF PE RVU:** NA  
**2007 Fac PE RVU:** 10.96      **2020 Fac PE RVU:** 15.08  
**Result:** Maintain

**RUC Recommendation:** 17.04      **Referred to CPT** September 2016  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

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**15738** Muscle, myocutaneous, or fasciocutaneous flap; lower extremity      **Global:** 090      **Issue:** Muscle Flaps      **Screen:** High Level E/M in Global Period      **Complete?** Yes

**Most Recent RUC Meeting:** April 2016      **Tab** 14      **Specialty Developing Recommendation:** ASPS      **First Identified:** January 2016      **2019 est Medicare Utilization:** 6,218      **2007 Work RVU:** 18.92      **2020 Work RVU:** 19.04  
**2007 NF PE RVU:** 17.04      **2020 NF PE RVU:** NA  
**2007 Fac PE RVU:** 11.45      **2020 Fac PE RVU:** 14.87  
**Result:** Maintain

**RUC Recommendation:** 19.04      **Referred to CPT** September 2016  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

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**15740** Flap; island pedicle requiring identification and dissection of an anatomically named axial vessel      **Global:** 090      **Issue:** Dermatology and Plastic Surgery Procedures      **Screen:** Site of Service Anomaly / CMS Fastest Growing      **Complete?** Yes

**Most Recent RUC Meeting:** April 2008      **Tab** 28      **Specialty Developing Recommendation:** AAD, ASPS      **First Identified:** September 2007      **2019 est Medicare Utilization:** 2,046      **2007 Work RVU:** 11.57      **2020 Work RVU:** 11.80  
**2007 NF PE RVU:** 11.01      **2020 NF PE RVU:** 15.18  
**2007 Fac PE RVU:** 8.58      **2020 Fac PE RVU:** 10.54  
**Result:** Maintain

**RUC Recommendation:** 11.57      **Referred to CPT** February 2009 & February 2012  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

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## Status Report: CMS Requests and Relativity Assessment Issues

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<b>15769</b>	<b>Grafting of autologous soft tissue, other, harvested by direct excision (eg, fat, dermis, fascia)</b>	<b>Global:</b> 090	<b>Issue:</b> Tissue Grafting Procedures	<b>Screen:</b> Site of Service Anomaly - 2017	<b>Complete?</b> No	
<b>Most Recent RUC Meeting:</b> October 2018	<b>Tab</b> 04	<b>Specialty Developing Recommendation:</b> AAOHNS, ASPS	<b>First Identified:</b> May 2018	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b>	<b>2020 Work RVU:</b> 6.68
					<b>2007 NF PE RVU:</b>	<b>2020 NF PE RVU:</b> NA
					<b>2007 Fac PE RVU</b>	<b>2020 Fac PE RVU:</b> 6.04
<b>RUC Recommendation:</b> 6.68. Flagged for RAW review April 2022.			<b>Referred to CPT</b>		<b>Result:</b> Increase	
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

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<b>15771</b>	<b>Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; 50 cc or less injectate</b>	<b>Global:</b> 090	<b>Issue:</b> Tissue Grafting Procedures	<b>Screen:</b> Site of Service Anomaly - 2017	<b>Complete?</b> Yes	
<b>Most Recent RUC Meeting:</b> October 2018	<b>Tab</b> 04	<b>Specialty Developing Recommendation:</b> ASPS	<b>First Identified:</b> May 2018	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b>	<b>2020 Work RVU:</b> 6.73
					<b>2007 NF PE RVU:</b>	<b>2020 NF PE RVU:</b> 8.67
					<b>2007 Fac PE RVU</b>	<b>2020 Fac PE RVU:</b> 5.88
<b>RUC Recommendation:</b> 6.73			<b>Referred to CPT</b>		<b>Result:</b> Increase	
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

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<b>15772</b>	<b>Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; each additional 50 cc injectate, or part thereof (List separately in addition to code for primary procedure)</b>	<b>Global:</b> ZZZ	<b>Issue:</b> Tissue Grafting Procedures	<b>Screen:</b> Site of Service Anomaly - 2017	<b>Complete?</b> Yes	
<b>Most Recent RUC Meeting:</b> October 2018	<b>Tab</b> 04	<b>Specialty Developing Recommendation:</b> ASPS	<b>First Identified:</b> May 2018	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b>	<b>2020 Work RVU:</b> 2.50
					<b>2007 NF PE RVU:</b>	<b>2020 NF PE RVU:</b> 2.29
					<b>2007 Fac PE RVU</b>	<b>2020 Fac PE RVU:</b> 1.14
<b>RUC Recommendation:</b> 2.50			<b>Referred to CPT</b>		<b>Result:</b> Increase	
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

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# Status Report: CMS Requests and Relativity Assessment Issues

**15773** Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; 25 cc or less injectate **Global:** 090 **Issue:** Tissue Grafting Procedures **Screen:** Site of Service Anomaly - 2017 **Complete?** Yes

**Most Recent RUC Meeting:** October 2018 **Tab** 04 **Specialty Developing Recommendation:** ASPS **First Identified:** May 2018 **2019 est Medicare Utilization:** **2007 Work RVU:** **2020 Work RVU:** 6.83 **2007 NF PE RVU:** **2020 NF PE RVU:** 8.72 **2007 Fac PE RVU** **2020 Fac PE RVU:** 5.93 **Result:** Increase

**RUC Recommendation:** 6.83 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**15774** Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; each additional 25 cc injectate, or part thereof (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Tissue Grafting Procedures **Screen:** Site of Service Anomaly - 2017 **Complete?** Yes

**Most Recent RUC Meeting:** October 2018 **Tab** 04 **Specialty Developing Recommendation:** ASPS **First Identified:** May 2018 **2019 est Medicare Utilization:** **2007 Work RVU:** **2020 Work RVU:** 2.41 **2007 NF PE RVU:** **2020 NF PE RVU:** 2.25 **2007 Fac PE RVU** **2020 Fac PE RVU:** 1.10 **Result:** Increase

**RUC Recommendation:** 2.41 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**15777** Implantation of biologic implant (eg, acellular dermal matrix) for soft tissue reinforcement (ie, breast, trunk) (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Chronic Wound Dermal Substitute **Screen:** Different Performing Specialty from Survey **Complete?** Yes

**Most Recent RUC Meeting:** April 2011 **Tab** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2019 est Medicare Utilization:** 8,429 **2007 Work RVU:** **2020 Work RVU:** 3.65 **2007 NF PE RVU:** **2020 NF PE RVU:** 1.96 **2007 Fac PE RVU** **2020 Fac PE RVU:** 1.96 **Result:** Decrease

**RUC Recommendation:** 3.65 **Referred to CPT** February 2011 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**15823** Blepharoplasty, upper eyelid; with excessive skin weighting down lid

**Global:** 090

**Issue:** Upper Eyelid  
Blepharoplasty

**Screen:** Harvard Valued -  
Utilization over 100,000

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2010

**Tab** 33 **Specialty Developing  
Recommendation:** AAO

**First  
Identified:** October 2009

**2019 est  
Medicare  
Utilization:** 97,994

**2007 Work RVU:** 8.12

**2020 Work RVU:** 6.81

**2007 NF PE RVU:** 7.8

**2020 NF PE RVU:** 10.06

**2007 Fac PE RVU** 6.41

**2020 Fac PE RVU:**8.16

**Result:** Decrease

**RUC Recommendation:** 6.81

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**16020** Dressings and/or debridement of partial-thickness burns, initial or subsequent;  
small (less than 5% total body surface area)

**Global:** 000

**Issue:** Dressings/ Debridement of  
Partial-Thickness Burns

**Screen:** Different Performing  
Specialty from Survey

**Complete?** Yes

**Most Recent  
RUC Meeting:** October 2010

**Tab** 08 **Specialty Developing  
Recommendation:** ASPS,  
AAFP,  
AAPMR,

**First  
Identified:** October 2009

**2019 est  
Medicare  
Utilization:** 15,272

**2007 Work RVU:** 0.80

**2020 Work RVU:** 0.71

**2007 NF PE RVU:** 1.25

**2020 NF PE RVU:** 1.53

**2007 Fac PE RVU** 0.58

**2020 Fac PE RVU:**0.74

**Result:** Maintain

**RUC Recommendation:** 0.80

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**16025** Dressings and/or debridement of partial-thickness burns, initial or subsequent;  
medium (eg, whole face or whole extremity, or 5% to 10% total body surface  
area)

**Global:** 000

**Issue:** Dressings/ Debridement of  
Partial-Thickness Burns

**Screen:** Different Performing  
Specialty from Survey

**Complete?** Yes

**Most Recent  
RUC Meeting:** October 2010

**Tab** 08 **Specialty Developing  
Recommendation:** ASPS,  
AAFP,  
AAPMR,

**First  
Identified:** October 2009

**2019 est  
Medicare  
Utilization:** 1,908

**2007 Work RVU:** 1.85

**2020 Work RVU:** 1.74

**2007 NF PE RVU:** 1.72

**2020 NF PE RVU:** 2.37

**2007 Fac PE RVU** 0.94

**2020 Fac PE RVU:**1.16

**Result:** Maintain

**RUC Recommendation:** 1.85

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

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

**Most Recent RUC Meeting:** April 2010

**Tab 45 Specialty Developing Recommendation:** ACEP, ASPS, AAFP, AAPMR,

**First Identified:** February 2010

**2019 est Medicare Utilization:** 879

**2007 Work RVU:** 2.08  
**2007 NF PE RVU:** 2.12  
**2007 Fac PE RVU:** 1.08

**2020 Work RVU:** 2.08  
**2020 NF PE RVU:** 3.09  
**2020 Fac PE RVU:** 1.39

**RUC Recommendation:** CPT Assistant article published.

**Referred to CPT**

**Referred to CPT Asst** ☒

**Published in CPT Asst:** Oct 2012

**Result:** Maintain

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

**Global:** 010

**Issue:** Destruction of Premalignant Lesions

**Screen:** MPC List

**Complete?** Yes

**Most Recent RUC Meeting:** April 2013

**Tab 17 Specialty Developing Recommendation:** AAD

**First Identified:** October 2010

**2019 est Medicare Utilization:** 6,117,793

**2007 Work RVU:** 0.62  
**2007 NF PE RVU:** 1.08  
**2007 Fac PE RVU:** 0.59

**2020 Work RVU:** 0.61  
**2020 NF PE RVU:** 1.18  
**2020 Fac PE RVU:** 0.86

**RUC Recommendation:** 0.61

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**Result:** Decrease

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

**Global:** ZZZ

**Issue:** Destruction of Premalignant Lesions

**Screen:** Low Value-Billed in Multiple Units / CMS High Expenditure Procedural Codes1

**Complete?** Yes

**Most Recent RUC Meeting:** April 2013

**Tab 17 Specialty Developing Recommendation:** AAD

**First Identified:** October 2010

**2019 est Medicare Utilization:** 19,474,499

**2007 Work RVU:** 0.07  
**2007 NF PE RVU:** 0.11  
**2007 Fac PE RVU:** 0.06

**2020 Work RVU:** 0.04  
**2020 NF PE RVU:** 0.13  
**2020 Fac PE RVU:** 0.02

**RUC Recommendation:** 0.04

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**Result:** Decrease



# Status Report: CMS Requests and Relativity Assessment Issues

**17004** Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses), 15 or more lesions **Global:** 010 **Issue:** Destruction of Premalignant Lesions **Screen:** CMS High Expenditure Procedural Codes1 / Modifier -51 Exempt **Complete?** Yes

**Most Recent** **Tab** 17 **Specialty Developing Recommendation:** AAD  
**RUC Meeting:** April 2013

**First Identified:** September 2011 **2019 est Medicare Utilization:** 874,685

**2007 Work RVU:** 1.82 **2020 Work RVU:** 1.37  
**2007 NF PE RVU:** 2.33 **2020 NF PE RVU:** 2.99  
**2007 Fac PE RVU:** 1.54 **2020 Fac PE RVU:** 1.30  
**Result:** Decrease

**RUC Recommendation:** Remove from Modifier -51 Exempt List. 1.37

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

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

**Most Recent** **Tab** 11 **Specialty Developing Recommendation:** AAD  
**RUC Meeting:** October 2008

**First Identified:** February 2008 **2019 est Medicare Utilization:** 3,933

**2007 Work RVU:** 4.62 **2020 Work RVU:** 3.69  
**2007 NF PE RVU:** 4.63 **2020 NF PE RVU:** 5.63  
**2007 Fac PE RVU:** 3.33 **2020 Fac PE RVU:** 3.75  
**Result:** Decrease

**RUC Recommendation:** 3.61

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

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

**Most Recent** **Tab** 11 **Specialty Developing Recommendation:** AAD  
**RUC Meeting:** October 2008

**First Identified:** February 2008 **2019 est Medicare Utilization:** 1,449

**2007 Work RVU:** 9.19 **2020 Work RVU:** 4.79  
**2007 NF PE RVU:** 7.24 **2020 NF PE RVU:** 7.34  
**2007 Fac PE RVU:** 5.41 **2020 Fac PE RVU:** 4.78  
**Result:** Decrease

**RUC Recommendation:** 4.68

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

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

**Most Recent** **Tab** 11 **Specialty Developing Recommendation:** AAD  
**RUC Meeting:** October 2008

**First Identified:** February 2008 **2019 est Medicare Utilization:** 5,081

**2007 Work RVU:** 13.22 **2020 Work RVU:** 7.49  
**2007 NF PE RVU:** 9.34 **2020 NF PE RVU:** 9.79  
**2007 Fac PE RVU:** 7.49 **2020 Fac PE RVU:** 6.66  
**Result:** Decrease

**RUC Recommendation:** 6.37

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

## Status Report: CMS Requests and Relativity Assessment Issues

**17110** Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 14 lesions **Global:** 010 **Issue:** RAW **Screen:** High Volume Growth2 **Complete?** Yes

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

**First Identified:** April 2013 **2019 est Medicare Utilization:** 2,556,286

**2007 Work RVU:** 0.67 **2020 Work RVU:** 0.70  
**2007 NF PE RVU:** 1.66 **2020 NF PE RVU:** 2.39  
**2007 Fac PE RVU** 0.74 **2020 Fac PE RVU:**1.13  
**Result:** Remove from Screen

**RUC Recommendation:** Remove from screen

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

**17111** Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; 15 or more lesions **Global:** 010 **Issue:** RAW **Screen:** High Volume Growth2 **Complete?** Yes

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

**First Identified:** April 2013 **2019 est Medicare Utilization:** 122,909

**2007 Work RVU:** 0.94 **2020 Work RVU:** 0.97  
**2007 NF PE RVU:** 1.83 **2020 NF PE RVU:** 2.66  
**2007 Fac PE RVU** 0.89 **2020 Fac PE RVU:**1.28  
**Result:** Remove from screen

**RUC Recommendation:** Remove from screen

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

**17250** Chemical cauterization of granulation tissue (ie, proud flesh) **Global:** 000 **Issue:** RAW **Screen:** High Volume Growth3 **Complete?** No

**Most Recent** **Tab** 17 **Specialty Developing** AAFP, ACS, APMA  
**RUC Meeting:** October 2019 **Recommendation:**

**First Identified:** October 2015 **2019 est Medicare Utilization:** 234,080

**2007 Work RVU:** 0.50 **2020 Work RVU:** 0.50  
**2007 NF PE RVU:** 1.25 **2020 NF PE RVU:** 1.83  
**2007 Fac PE RVU** 0.35 **2020 Fac PE RVU:**0.48  
**Result:**

**RUC Recommendation:** Review in 2 years (Oct 2021).

**Referred to CPT** September 2016  
**Referred to CPT Asst** ☒ **Published in CPT Asst:** Sep 2016

## Status Report: CMS Requests and Relativity Assessment Issues

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

**Most Recent RUC Meeting:** October 2010

**Tab 26** **Specialty Developing Recommendation:** AAD, AAFP

**First Identified:** October 2009

**2019 est Medicare Utilization:** 140,325

**2007 Work RVU:** 1.19

**2020 Work RVU:** 1.22

**2007 NF PE RVU:** 1.84

**2020 NF PE RVU:** 2.80

**2007 Fac PE RVU** 0.9

**2020 Fac PE RVU:**1.16

**Result:** Maintain

**RUC Recommendation:** 1.22

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

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

**Most Recent RUC Meeting:** October 2010

**Tab 26** **Specialty Developing Recommendation:** AAD, AAFP

**First Identified:** February 2010

**2019 est Medicare Utilization:** 287,333

**2007 Work RVU:** 1.60

**2020 Work RVU:** 1.63

**2007 NF PE RVU:** 2.13

**2020 NF PE RVU:** 3.23

**2007 Fac PE RVU** 1.09

**2020 Fac PE RVU:**1.41

**Result:** Maintain

**RUC Recommendation:** 1.63

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

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

**Most Recent RUC Meeting:** October 2010

**Tab 26** **Specialty Developing Recommendation:** AAD, AAFP

**First Identified:** February 2010

**2019 est Medicare Utilization:** 53,690

**2007 Work RVU:** 1.51

**2020 Work RVU:** 1.54

**2007 NF PE RVU:** 2

**2020 NF PE RVU:** 2.98

**2007 Fac PE RVU** 1.05

**2020 Fac PE RVU:**1.35

**Result:** Maintain

**RUC Recommendation:** 1.54

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

<b>17272</b>	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm	<b>Global:</b> 010	<b>Issue:</b> Destruction of Malignant Lesion	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2010	<b>Tab</b> 26 <b>Specialty Developing Recommendation:</b> AAD, AAFP	<b>First Identified:</b> February 2010	<b>2019 est Medicare Utilization:</b> 82,281	<b>2007 Work RVU:</b> 1.79 <b>2007 NF PE RVU:</b> 2.24 <b>2007 Fac PE RVU:</b> 1.18 <b>Result:</b> Maintain	<b>2020 Work RVU:</b> 1.82 <b>2020 NF PE RVU:</b> 3.32 <b>2020 Fac PE RVU:</b> 1.52
<b>RUC Recommendation:</b> 1.82		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>					
<b>17281</b>	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm	<b>Global:</b> 010	<b>Issue:</b> Destruction of Malignant Lesion	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2010	<b>Tab</b> 26 <b>Specialty Developing Recommendation:</b> AAD, AAFP	<b>First Identified:</b> February 2010	<b>2019 est Medicare Utilization:</b> 86,818	<b>2007 Work RVU:</b> 1.74 <b>2007 NF PE RVU:</b> 2.12 <b>2007 Fac PE RVU:</b> 1.16 <b>Result:</b> Maintain	<b>2020 Work RVU:</b> 1.77 <b>2020 NF PE RVU:</b> 3.13 <b>2020 Fac PE RVU:</b> 1.48
<b>RUC Recommendation:</b> 1.77		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>					
<b>17282</b>	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 1.1 to 2.0 cm	<b>Global:</b> 010	<b>Issue:</b> Destruction of Malignant Lesion	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2010	<b>Tab</b> 26 <b>Specialty Developing Recommendation:</b> AAD, AAFP	<b>First Identified:</b> October 2009	<b>2019 est Medicare Utilization:</b> 81,831	<b>2007 Work RVU:</b> 2.06 <b>2007 NF PE RVU:</b> 2.41 <b>2007 Fac PE RVU:</b> 1.31 <b>Result:</b> Maintain	<b>2020 Work RVU:</b> 2.09 <b>2020 NF PE RVU:</b> 3.52 <b>2020 Fac PE RVU:</b> 1.67
<b>RUC Recommendation:</b> 2.09		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

## Status Report: CMS Requests and Relativity Assessment Issues

<b>17311</b>	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), head, neck, hands, feet, genitalia, or any location with surgery directly involving muscle, cartilage, bone, tendon, major nerves, or vessels; first stage, up to 5 tissue blocks	<b>Global:</b> 000	<b>Issue:</b> Mohs Surgery	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab</b> 18 <b>Specialty Developing Recommendation:</b> AAD	<b>First Identified:</b> September 2011	<b>2019 est Medicare Utilization:</b> 829,586	<b>2007 Work RVU:</b> 6.20 <b>2007 NF PE RVU:</b> 10.79 <b>2007 Fac PE RVU</b> 3.16 <b>Result:</b> Maintain	<b>2020 Work RVU:</b> 6.20 <b>2020 NF PE RVU:</b> 12.07 <b>2020 Fac PE RVU:</b> 3.64
<b>RUC Recommendation:</b> 6.20		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

<b>17312</b>	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), head, neck, hands, feet, genitalia, or any location with surgery directly involving muscle, cartilage, bone, tendon, major nerves, or vessels; each additional stage after the first stage, up to 5 tissue blocks (List separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Mohs Surgery	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab</b> 18 <b>Specialty Developing Recommendation:</b> AAD	<b>First Identified:</b> September 2011	<b>2019 est Medicare Utilization:</b> 509,267	<b>2007 Work RVU:</b> 3.30 <b>2007 NF PE RVU:</b> 6.92 <b>2007 Fac PE RVU</b> 1.68 <b>Result:</b> Maintain	<b>2020 Work RVU:</b> 3.30 <b>2020 NF PE RVU:</b> 7.69 <b>2020 Fac PE RVU:</b> 1.94
<b>RUC Recommendation:</b> 3.30		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

# Status Report: CMS Requests and Relativity Assessment Issues

<b>17313</b>	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), of the trunk, arms, or legs; first stage, up to 5 tissue blocks	<b>Global:</b> 000	<b>Issue:</b> Mohs Surgery	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab</b> 18 <b>Specialty Developing Recommendation:</b> AAD	<b>First Identified:</b> January 2012	<b>2019 est Medicare Utilization:</b> 140,796	<b>2007 Work RVU:</b> 5.56 <b>2007 NF PE RVU:</b> 9.95 <b>2007 Fac PE RVU:</b> 2.83 <b>Result:</b> Maintain	<b>2020 Work RVU:</b> 5.56 <b>2020 NF PE RVU:</b> 11.58 <b>2020 Fac PE RVU:</b> 3.26
<b>RUC Recommendation:</b> 5.56		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>17314</b>	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), of the trunk, arms, or legs; each additional stage after the first stage, up to 5 tissue blocks (List separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Mohs Surgery	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab</b> 18 <b>Specialty Developing Recommendation:</b> AAD	<b>First Identified:</b> January 2012	<b>2019 est Medicare Utilization:</b> 57,990	<b>2007 Work RVU:</b> 3.06 <b>2007 NF PE RVU:</b> 6.41 <b>2007 Fac PE RVU:</b> 1.55 <b>Result:</b> Maintain	<b>2020 Work RVU:</b> 3.06 <b>2020 NF PE RVU:</b> 7.46 <b>2020 Fac PE RVU:</b> 1.80
<b>RUC Recommendation:</b> 3.06		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>17315</b>	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), each additional block after the first 5 tissue blocks, any stage (List separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Mohs Surgery	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab</b> 18 <b>Specialty Developing Recommendation:</b> AAD	<b>First Identified:</b> January 2012	<b>2019 est Medicare Utilization:</b> 19,946	<b>2007 Work RVU:</b> 0.87 <b>2007 NF PE RVU:</b> 1.15 <b>2007 Fac PE RVU:</b> 0.44 <b>Result:</b> Maintain	<b>2020 Work RVU:</b> 0.87 <b>2020 NF PE RVU:</b> 1.26 <b>2020 Fac PE RVU:</b> 0.51
<b>RUC Recommendation:</b> 0.87		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

# Status Report: CMS Requests and Relativity Assessment Issues

**19020 Mastotomy with exploration or drainage of abscess, deep** **Global:** 090 **Issue:** Mastotomy **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent** **Tab** 16 **Specialty Developing** ACS **First** **2019 est**  
**RUC Meeting:** September 2007 **Recommendation:** **Identified:** September 2007 **Medicare**  
**Utilization:** 1,614

**RUC Recommendation:** Reduce 99238 to 0.5, remove hospital visits **Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**2007 Work RVU:** 3.74 **2020 Work RVU:** 3.83  
**2007 NF PE RVU:** 6.39 **2020 NF PE RVU:** 8.85  
**2007 Fac PE RVU:** 2.76 **2020 Fac PE RVU:** 4.24  
**Result:** PE Only

**19081 Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including stereotactic guidance** **Global:** 000 **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent** **Tab** 04 **Specialty Developing** ACR, ACS, **First** **2019 est**  
**RUC Meeting:** April 2013 **Recommendation:** ASBS **Identified:** January 2012 **Medicare**  
**Utilization:** 60,561

**RUC Recommendation:** 3.29 **Referred to CPT** October 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**2007 Work RVU:** **2020 Work RVU:** 3.29  
**2007 NF PE RVU:** **2020 NF PE RVU:** 13.73  
**2007 Fac PE RVU:** **2020 Fac PE RVU:** 1.21  
**Result:** Decrease

**19082 Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including stereotactic guidance (List separately in addition to code for primary procedure)** **Global:** ZZZ **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent** **Tab** 04 **Specialty Developing** ACR, ACS, **First** **2019 est**  
**RUC Meeting:** April 2013 **Recommendation:** ASBS **Identified:** January 2012 **Medicare**  
**Utilization:** 4,476

**RUC Recommendation:** 1.65 **Referred to CPT** October 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**2007 Work RVU:** **2020 Work RVU:** 1.65  
**2007 NF PE RVU:** **2020 NF PE RVU:** 12.17  
**2007 Fac PE RVU:** **2020 Fac PE RVU:** 0.61  
**Result:** Decrease

# Status Report: CMS Requests and Relativity Assessment Issues

<b>19083</b>	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including ultrasound guidance	<b>Global:</b> 000	<b>Issue:</b> Breast Biopsy	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab</b> 04 <b>Specialty Developing Recommendation:</b> ACR, ACS, ASBS	<b>First Identified:</b> January 2012	<b>2019 est Medicare Utilization:</b> 118,588	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease	<b>2020 Work RVU:</b> 3.10 <b>2020 NF PE RVU:</b> 13.74 <b>2020 Fac PE RVU:</b> 1.14
<b>RUC Recommendation:</b> 3.10		<b>Referred to CPT</b> October 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			
<b>19084</b>	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including ultrasound guidance (List separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Breast Biopsy	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab</b> 04 <b>Specialty Developing Recommendation:</b> ACR, ACS, ASBS	<b>First Identified:</b> January 2012	<b>2019 est Medicare Utilization:</b> 15,269	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease	<b>2020 Work RVU:</b> 1.55 <b>2020 NF PE RVU:</b> 11.92 <b>2020 Fac PE RVU:</b> 0.57
<b>RUC Recommendation:</b> 1.55		<b>Referred to CPT</b> October 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			
<b>19085</b>	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including magnetic resonance guidance	<b>Global:</b> 000	<b>Issue:</b> Breast Biopsy	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab</b> 04 <b>Specialty Developing Recommendation:</b> ACR, ACS, ASBS	<b>First Identified:</b> January 2012	<b>2019 est Medicare Utilization:</b> 5,634	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease	<b>2020 Work RVU:</b> 3.64 <b>2020 NF PE RVU:</b> 22.24 <b>2020 Fac PE RVU:</b> 1.34
<b>RUC Recommendation:</b> 3.64		<b>Referred to CPT</b> October 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			



## Status Report: CMS Requests and Relativity Assessment Issues

<b>19086</b>	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including magnetic resonance guidance (List separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Breast Biopsy	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab</b> 04 <b>Specialty Developing Recommendation:</b> ACR, ACS, ASBS	<b>First Identified:</b> January 2012	<b>2019 est Medicare Utilization:</b> 1,195	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease	<b>2020 Work RVU:</b> 1.82 <b>2020 NF PE RVU:</b> 18.86 <b>2020 Fac PE RVU:</b> 0.68
<b>RUC Recommendation:</b> 1.82		<b>Referred to CPT</b> October 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>19102</b>	Biopsy of breast; percutaneous, needle core, using imaging guidance	<b>Global:</b>	<b>Issue:</b> Breast Biopsy	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab</b> 04 <b>Specialty Developing Recommendation:</b> ACR, ACS, ASBS	<b>First Identified:</b> January 2012	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> 2.00 <b>2007 NF PE RVU:</b> 3.68 <b>2007 Fac PE RVU</b> 0.64 <b>Result:</b> Deleted from CPT	<b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> October 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>19103</b>	Biopsy of breast; percutaneous, automated vacuum assisted or rotating biopsy device, using imaging guidance	<b>Global:</b>	<b>Issue:</b> Breast Biopsy	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab</b> 04 <b>Specialty Developing Recommendation:</b> ACR, ACS, ASBS	<b>First Identified:</b> January 2012	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> 3.69 <b>2007 NF PE RVU:</b> 11.01 <b>2007 Fac PE RVU</b> 1.18 <b>Result:</b> Deleted from CPT	<b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> October 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

# Status Report: CMS Requests and Relativity Assessment Issues

<b>19281</b>	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including mammographic guidance	<b>Global:</b> 000	<b>Issue:</b> Breast Biopsy	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab</b> 04	<b>Specialty Developing Recommendation:</b> ACR, ACS, ASBS	<b>First Identified:</b> January 2012	<b>2019 est Medicare Utilization:</b> 30,514	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease <b>2020 Work RVU:</b> 2.00 <b>2020 NF PE RVU:</b> 4.81 <b>2020 Fac PE RVU:</b> 0.74
<b>RUC Recommendation:</b> 2.00			<b>Referred to CPT</b> October 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		
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<b>19282</b>	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including mammographic guidance (List separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Breast Biopsy	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab</b> 04	<b>Specialty Developing Recommendation:</b> ACR, ACS, ASBS	<b>First Identified:</b> January 2012	<b>2019 est Medicare Utilization:</b> 3,292	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease <b>2020 Work RVU:</b> 1.00 <b>2020 NF PE RVU:</b> 3.83 <b>2020 Fac PE RVU:</b> 0.37
<b>RUC Recommendation:</b> 1.00			<b>Referred to CPT</b> October 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		
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<b>19283</b>	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including stereotactic guidance	<b>Global:</b> 000	<b>Issue:</b> Breast Biopsy	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab</b> 04	<b>Specialty Developing Recommendation:</b> ACR, ACS, ASBS	<b>First Identified:</b> January 2012	<b>2019 est Medicare Utilization:</b> 3,526	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease <b>2020 Work RVU:</b> 2.00 <b>2020 NF PE RVU:</b> 5.55 <b>2020 Fac PE RVU:</b> 0.74
<b>RUC Recommendation:</b> 2.00			<b>Referred to CPT</b> October 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		

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**19284** Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including stereotactic guidance (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** April 2013

**Tab 04 Specialty Developing Recommendation:** ACR, ACS, ASBS

**First Identified:** January 2012

**2019 est Medicare Utilization:** 338

**2007 Work RVU:**  
**2007 NF PE RVU:**  
**2007 Fac PE RVU Result:** Decrease

**2020 Work RVU:** 1.00  
**2020 NF PE RVU:** 4.78  
**2020 Fac PE RVU:** 0.37

**RUC Recommendation:** 1.00

**Referred to CPT** October 2012  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**19285** Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including ultrasound guidance **Global:** 000 **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** April 2013

**Tab 04 Specialty Developing Recommendation:** ACR, ACS, ASBS

**First Identified:** January 2012

**2019 est Medicare Utilization:** 25,714

**2007 Work RVU:**  
**2007 NF PE RVU:**  
**2007 Fac PE RVU Result:** Decrease

**2020 Work RVU:** 1.70  
**2020 NF PE RVU:** 11.12  
**2020 Fac PE RVU:** 0.63

**RUC Recommendation:** 1.70

**Referred to CPT** October 2012  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**19286** Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including ultrasound guidance (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** April 2013

**Tab 04 Specialty Developing Recommendation:** ACR, ACS, ASBS

**First Identified:** January 2012

**2019 est Medicare Utilization:** 2,002

**2007 Work RVU:**  
**2007 NF PE RVU:**  
**2007 Fac PE RVU Result:** Decrease

**2020 Work RVU:** 0.85  
**2020 NF PE RVU:** 10.14  
**2020 Fac PE RVU:** 0.32

**RUC Recommendation:** 0.85

**Referred to CPT** October 2012  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

**19287** Placement of breast localization device(s) (eg clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including magnetic resonance guidance **Global:** 000 **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** April 2013

**Tab 04 Specialty Developing Recommendation:** ACR, ACS, ASBS

**First Identified:** January 2012

**2019 est Medicare Utilization:** 266

**2007 Work RVU:**

**2020 Work RVU:** 2.55

**2007 NF PE RVU:**

**2020 NF PE RVU:** 19.33

**2007 Fac PE RVU**

**2020 Fac PE RVU:**0.95

**Result:** Decrease

**RUC Recommendation:** 3.02

**Referred to CPT** October 2012

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

**19288** Placement of breast localization device(s) (eg clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including magnetic resonance guidance (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** April 2013

**Tab 04 Specialty Developing Recommendation:** ACR, ACS, ASBS

**First Identified:** January 2012

**2019 est Medicare Utilization:** 60

**2007 Work RVU:**

**2020 Work RVU:** 1.28

**2007 NF PE RVU:**

**2020 NF PE RVU:** 16.19

**2007 Fac PE RVU**

**2020 Fac PE RVU:**0.48

**Result:** Decrease

**RUC Recommendation:** 1.51

**Referred to CPT** October 2012

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

**19290** Preoperative placement of needle localization wire, breast; **Global:** **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** April 2013

**Tab 04 Specialty Developing Recommendation:** ACR, ACS, ASBS

**First Identified:** January 2012

**2019 est Medicare Utilization:**

**2007 Work RVU:** 1.27

**2020 Work RVU:**

**2007 NF PE RVU:** 2.81

**2020 NF PE RVU:**

**2007 Fac PE RVU** 0.41

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2012

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

# Status Report: CMS Requests and Relativity Assessment Issues

<b>19291</b>	<b>Preoperative placement of needle localization wire, breast; each additional lesion (List separately in addition to code for primary procedure)</b>	<b>Global:</b>	<b>Issue:</b> Breast Biopsy	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab</b> 04	<b>Specialty Developing Recommendation:</b> ACR, ACS, ASBS	<b>First Identified:</b> January 2012	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> 0.63 <b>2007 NF PE RVU:</b> 1.17 <b>2007 Fac PE RVU</b> 0.2 <b>Result:</b> Deleted from CPT
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> October 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>
<b>19295</b>	<b>Image guided placement, metallic localization clip, percutaneous, during breast biopsy/aspiration (List separately in addition to code for primary procedure)</b>	<b>Global:</b>	<b>Issue:</b> Breast Biopsy	<b>Screen:</b> CMS Fastest Growing / Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab</b> 04	<b>Specialty Developing Recommendation:</b> ACR, ACS, ASBS	<b>First Identified:</b> October 2008	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> 2.57 <b>2007 Fac PE RVU</b> 2.02 <b>Result:</b> Deleted from CPT
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> October 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>
<b>19303</b>	<b>Mastectomy, simple, complete</b>	<b>Global:</b> 090	<b>Issue:</b> Mastectomy	<b>Screen:</b> Site of Service Anomaly - 2015 / High Level E/M in Global Period	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab</b> 15	<b>Specialty Developing Recommendation:</b> ACS, ASBS	<b>First Identified:</b> October 2015	<b>2019 est Medicare Utilization:</b> 24,587	<b>2007 Work RVU:</b> 15.67 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU</b> 5.52 <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 15.00			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> 15.00 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 9.26

## Status Report: CMS Requests and Relativity Assessment Issues

<b>19307</b>	<b>Mastectomy, modified radical, including axillary lymph nodes, with or without pectoralis minor muscle, but excluding pectoralis major muscle</b>	<b>Global:</b> 090	<b>Issue:</b> Modified Radical Mastectomy	<b>Screen:</b> Site of Service Anomaly - 2019	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2020	<b>Tab</b> 22	<b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> October 2019	<b>2019 est Medicare Utilization:</b> 6,042	<b>2007 Work RVU:</b> 17.95 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 8.34 <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 17.99			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> 18.23 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 12.38

<b>19318</b>	<b>Reduction mammoplasty</b>	<b>Global:</b> 090	<b>Issue:</b> Mammoplasty	<b>Screen:</b> Site of Service Anomaly (99238-Only)	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2007	<b>Tab</b> 16	<b>Specialty Developing Recommendation:</b> ASPS	<b>First Identified:</b> September 2007	<b>2019 est Medicare Utilization:</b> 7,501	<b>2007 Work RVU:</b> 15.91 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 10.94 <b>Result:</b> PE Only
<b>RUC Recommendation:</b> Reduce 99238 to 0.5			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> 16.03 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 12.82

<b>19340</b>	<b>Immediate insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction</b>	<b>Global:</b> 090	<b>Issue:</b> Breast Implant/Expander Placement	<b>Screen:</b> CMS Request / Site of Service Anomaly - 2019	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2020	<b>Tab</b> 05	<b>Specialty Developing Recommendation:</b> ASPS	<b>First Identified:</b> October 2009	<b>2019 est Medicare Utilization:</b> 7,433	<b>2007 Work RVU:</b> 6.32 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 3.07 <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 11.00			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> 13.99 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 12.00

# Status Report: CMS Requests and Relativity Assessment Issues

**19357** Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion **Global:** 090 **Issue:** Breast Implant/Expander Placement **Screen:** Site of Service Anomaly / 090-Day Global Post-Operative Visits / Site of Service Anomaly - 2019 **Complete?** Yes

**Most Recent RUC Meeting:** January 2020

**Tab 05** **Specialty Developing Recommendation:** ASPS

**First Identified:** September 2007

**2019 est Medicare Utilization:** 6,479

**2007 Work RVU:** 20.57

**2020 Work RVU:** 18.50

**2007 NF PE RVU:** NA

**2020 NF PE RVU:** NA

**2007 Fac PE RVU** 15.69

**2020 Fac PE RVU:**21.61

**Result:** Decrease

**RUC Recommendation:** 15.36

**Referred to CPT** October 2009

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

**20000** Deleted from CPT

**Global:** **Issue:** Incision of Abcess

**Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

**Most Recent RUC Meeting:** September 2007

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

**First Identified:** September 2007

**2019 est Medicare Utilization:**

**2007 Work RVU:** 2.14

**2020 Work RVU:**

**2007 NF PE RVU:** 2.71

**2020 NF PE RVU:**

**2007 Fac PE RVU** 1.68

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** June 2009

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

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

**Global:** **Issue:** Incision of Deep Abscess

**Screen:** Site of Service Anomaly / Negative IWPOT **Complete?** Yes

**Most Recent RUC Meeting:** October 2017

**Tab 19** **Specialty Developing Recommendation:** ACS, AAO-HNS

**First Identified:** September 2007

**2019 est Medicare Utilization:**

**2007 Work RVU:** 3.55

**2020 Work RVU:**

**2007 NF PE RVU:** 3.54

**2020 NF PE RVU:**

**2007 Fac PE RVU** 2.2

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2018

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

# Status Report: CMS Requests and Relativity Assessment Issues

<b>20220</b>	<b>Biopsy, bone, trocar, or needle; superficial (eg, ilium, sternum, spinous process, ribs)</b>	<b>Global:</b> 000	<b>Issue:</b> Bone Biopsy Trocar/Needle	<b>Screen:</b> Different Performing Specialty from Survey	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2019	<b>Tab</b> 22	<b>Specialty Developing Recommendation:</b> ACR, SIR	<b>First Identified:</b> January 2018	<b>2019 est Medicare Utilization:</b> 12,355	<b>2007 Work RVU:</b> 1.27 <b>2007 NF PE RVU:</b> 4.07 <b>2007 Fac PE RVU:</b> 0.75 <b>Result:</b> Increase
<b>RUC Recommendation:</b> 1.93			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> 1.65 <b>2020 NF PE RVU:</b> 5.26 <b>2020 Fac PE RVU:</b> 0.77
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<b>20225</b>	<b>Biopsy, bone, trocar, or needle; deep (eg, vertebral body, femur)</b>	<b>Global:</b> 000	<b>Issue:</b> Bone Biopsy Trocar/Needle	<b>Screen:</b> Different Performing Specialty from Survey	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2019	<b>Tab</b> 22	<b>Specialty Developing Recommendation:</b> ACR, SIR	<b>First Identified:</b> October 2017	<b>2019 est Medicare Utilization:</b> 14,341	<b>2007 Work RVU:</b> 1.87 <b>2007 NF PE RVU:</b> 21.49 <b>2007 Fac PE RVU:</b> 1.1 <b>Result:</b> Increase
<b>RUC Recommendation:</b> 3.00			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> 2.45 <b>2020 NF PE RVU:</b> 9.24 <b>2020 Fac PE RVU:</b> 1.12
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<b>20240</b>	<b>Biopsy, bone, open; superficial (eg, sternum, spinous process, rib, patella, olecranon process, calcaneus, tarsal, metatarsal, carpal, metacarpal, phalanx)</b>	<b>Global:</b> 000	<b>Issue:</b> Bone Biopsy Excisional	<b>Screen:</b> 010-Day Global Post-Operative Visits	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 04	<b>Specialty Developing Recommendation:</b> AAOS, APMA	<b>First Identified:</b> April 2014	<b>2019 est Medicare Utilization:</b> 6,533	<b>2007 Work RVU:</b> 3.25 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 2.44 <b>Result:</b> Increase
<b>RUC Recommendation:</b> 3.73			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> 2.61 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 1.28
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<b>20245</b>	<b>Biopsy, bone, open; deep (eg, humeral shaft, ischium, femoral shaft)</b>	<b>Global:</b> 000	<b>Issue:</b> Bone Biopsy Excisional	<b>Screen:</b> 010-Day Global Post-Operative Visits	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 04	<b>Specialty Developing Recommendation:</b> AAOS	<b>First Identified:</b> January 2014	<b>2019 est Medicare Utilization:</b> 4,354	<b>2007 Work RVU:</b> 8.77 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 6.38 <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 6.50			<b>Referred to CPT</b> October 2015 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> 6.00 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 3.10



# Status Report: CMS Requests and Relativity Assessment Issues

<b>20525</b>	<b>Removal of foreign body in muscle or tendon sheath; deep or complicated</b>	<b>Global:</b> 010	<b>Issue:</b> Removal of Foreign Body	<b>Screen:</b> Site of Service Anomaly (99238-Only)	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2007	<b>Tab 16</b>	<b>Specialty Developing Recommendation:</b> ACS, AAOS	<b>First Identified:</b> September 2007	<b>2019 est Medicare Utilization:</b> 1,693	<b>2007 Work RVU:</b> 3.51 <b>2007 NF PE RVU:</b> 8.62 <b>2007 Fac PE RVU:</b> 2.52 <b>2020 Work RVU:</b> 3.54 <b>2020 NF PE RVU:</b> 9.44 <b>2020 Fac PE RVU:</b> 2.95 <b>Result:</b> PE Only
<b>RUC Recommendation:</b> Reduce 99238 to 0.5			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
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<b>20526</b>	<b>Injection, therapeutic (eg, local anesthetic, corticosteroid), carpal tunnel</b>	<b>Global:</b> 000	<b>Issue:</b> RAW	<b>Screen:</b> CMS 000-Day Global Typically Reported with an E/M	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab 30</b>	<b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> July 2016	<b>2019 est Medicare Utilization:</b> 102,673	<b>2007 Work RVU:</b> 0.94 <b>2007 NF PE RVU:</b> 0.93 <b>2007 Fac PE RVU:</b> 0.5 <b>2020 Work RVU:</b> 0.94 <b>2020 NF PE RVU:</b> 1.15 <b>2020 Fac PE RVU:</b> 0.55 <b>Result:</b> Remove from Screen
<b>RUC Recommendation:</b> Remove from screen			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
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<b>20550</b>	<b>Injection(s); single tendon sheath, or ligament, aponeurosis (eg, plantar "fascia")</b>	<b>Global:</b> 000	<b>Issue:</b> Injection of Tendon	<b>Screen:</b> CMS Fastest Growing / CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab 27</b>	<b>Specialty Developing Recommendation:</b> AAOS, AAPM&R, ACRh, APMA, ASSH	<b>First Identified:</b> October 2008	<b>2019 est Medicare Utilization:</b> 848,059	<b>2007 Work RVU:</b> 0.75 <b>2007 NF PE RVU:</b> 0.69 <b>2007 Fac PE RVU:</b> 0.25 <b>2020 Work RVU:</b> 0.75 <b>2020 NF PE RVU:</b> 0.72 <b>2020 Fac PE RVU:</b> 0.29 <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 0.75			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	

# Status Report: CMS Requests and Relativity Assessment Issues

<b>20551</b>	<b>Injection(s); single tendon origin/insertion</b>			<b>Global:</b> 000	<b>Issue:</b> Therapeutic Injection Carpal Tunnel	<b>Screen:</b> CMS Fastest Growing / CMS 000-Day Global Typically Reported with an E/M	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2017	<b>Tab</b> 10	<b>Specialty Developing Recommendation:</b>	AAPMR, AAOS, ACRrh, APMA, ASSH	<b>First Identified:</b> October 2008	<b>2019 est Medicare Utilization:</b> 163,234	<b>2007 Work RVU:</b> 0.75 <b>2007 NF PE RVU:</b> 0.67 <b>2007 Fac PE RVU</b> 0.32	<b>2020 Work RVU:</b> 0.75 <b>2020 NF PE RVU:</b> 0.76 <b>2020 Fac PE RVU:</b> 0.31
<b>RUC Recommendation:</b> 0.75				<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Maintain	
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<b>20552</b>	<b>Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s)</b>			<b>Global:</b> 000	<b>Issue:</b>	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 28	<b>Specialty Developing Recommendation:</b>	AAPM&R, ACRrh, ASA	<b>First Identified:</b> July 2015	<b>2019 est Medicare Utilization:</b> 350,677	<b>2007 Work RVU:</b> 0.66 <b>2007 NF PE RVU:</b> 0.69 <b>2007 Fac PE RVU</b> 0.21	<b>2020 Work RVU:</b> 0.66 <b>2020 NF PE RVU:</b> 0.84 <b>2020 Fac PE RVU:</b> 0.36
<b>RUC Recommendation:</b> 0.66				<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Maintain	
<hr/>							
<b>20553</b>	<b>Injection(s); single or multiple trigger point(s), 3 or more muscles</b>			<b>Global:</b> 000	<b>Issue:</b>	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 28	<b>Specialty Developing Recommendation:</b>	AAPM&R, ACRrh, ASA	<b>First Identified:</b> July 2015	<b>2019 est Medicare Utilization:</b> 378,100	<b>2007 Work RVU:</b> 0.75 <b>2007 NF PE RVU:</b> 0.78 <b>2007 Fac PE RVU</b> 0.23	<b>2020 Work RVU:</b> 0.75 <b>2020 NF PE RVU:</b> 0.98 <b>2020 Fac PE RVU:</b> 0.41
<b>RUC Recommendation:</b> 0.75				<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Maintain	

# Status Report: CMS Requests and Relativity Assessment Issues

20600	Arthrocentesis, aspiration and/or injection, small joint or bursa (eg, fingers, toes); without ultrasound guidance	Global: 000	Issue: Arthrocentesis	Screen: Harvard Valued - Utilization over 100,000	Complete? Yes
Most Recent RUC Meeting: January 2014	Tab 04 Specialty Developing Recommendation: AAFP, AAOS, ACR, ACRh, APMA, ASSH	First Identified: February 2010	2019 est Medicare Utilization: 444,325	2007 Work RVU: 0.66 2007 NF PE RVU: 0.66 2007 Fac PE RVU 0.34	2020 Work RVU: 0.66 2020 NF PE RVU: 0.69 2020 Fac PE RVU:0.29
RUC Recommendation: 0.66 and new PE inputs		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	October 2013 Published in CPT Asst:	Result: Maintain	
20604	Arthrocentesis, aspiration and/or injection, small joint or bursa (eg, fingers, toes); with ultrasound guidance, with permanent recording and reporting	Global: 000	Issue: Arthrocentesis	Screen: CMS Request - Final Rule for 2014	Complete? Yes
Most Recent RUC Meeting: January 2014	Tab 04 Specialty Developing Recommendation: AAFP, AAOS, ACR, ACRh, APMA, ASSH	First Identified: July 2013	2019 est Medicare Utilization: 46,354	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU	2020 Work RVU: 0.89 2020 NF PE RVU: 1.19 2020 Fac PE RVU:0.34
RUC Recommendation: 0.89		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	October 2013 Published in CPT Asst:	Result: Decrease	
20605	Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); without ultrasound guidance	Global: 000	Issue: Arthrocentesis	Screen: Harvard Valued - Utilization over 100,000	Complete? Yes
Most Recent RUC Meeting: January 2014	Tab 04 Specialty Developing Recommendation: AAFP, AAOS, ACR, ACRh, APMA, ASSH	First Identified: October 2009	2019 est Medicare Utilization: 466,622	2007 Work RVU: 0.68 2007 NF PE RVU: 0.76 2007 Fac PE RVU 0.35	2020 Work RVU: 0.68 2020 NF PE RVU: 0.72 2020 Fac PE RVU:0.31
RUC Recommendation: 0.68 and new PE inputs		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	October 2013 Published in CPT Asst:	Result: Maintain	

# Status Report: CMS Requests and Relativity Assessment Issues

<b>20606</b>	<b>Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); with ultrasound guidance, with permanent recording and reporting</b>	<b>Global:</b> 000	<b>Issue:</b> Arthrocentesis	<b>Screen:</b> CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2014	<b>Tab 04</b>	<b>Specialty Developing Recommendation:</b> AAFP, AAOS, ACR, ACRh, APMA, ASSH	<b>First Identified:</b> July 2013	<b>2019 est Medicare Utilization:</b> 56,334	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>2020 Work RVU:</b> 1.00 <b>2020 NF PE RVU:</b> 1.29 <b>2020 Fac PE RVU:</b> 0.41
<b>RUC Recommendation:</b> 1.00			<b>Referred to CPT</b> October 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease
<b>20610</b>	<b>Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); without ultrasound guidance</b>	<b>Global:</b> 000	<b>Issue:</b> Arthrocentesis	<b>Screen:</b> Harvard Valued - Utilization over 100,000 / MPC List / CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2014	<b>Tab 04</b>	<b>Specialty Developing Recommendation:</b> AAFP, AAOS, ACR, ACRh, APMA, ASSH	<b>First Identified:</b> February 2010	<b>2019 est Medicare Utilization:</b> 6,722,382	<b>2007 Work RVU:</b> 0.79 <b>2007 NF PE RVU:</b> 0.98 <b>2007 Fac PE RVU:</b> 0.42 <b>2020 Work RVU:</b> 0.79 <b>2020 NF PE RVU:</b> 0.86 <b>2020 Fac PE RVU:</b> 0.41
<b>RUC Recommendation:</b> 0.79 and new PE inputs			<b>Referred to CPT</b> October 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Maintain
<b>20611</b>	<b>Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); with ultrasound guidance, with permanent recording and reporting</b>	<b>Global:</b> 000	<b>Issue:</b> Arthrocentesis	<b>Screen:</b> CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2014	<b>Tab 04</b>	<b>Specialty Developing Recommendation:</b> AAFP, AAOS, ACR, ACRh, APMA, ASSH	<b>First Identified:</b> July 2013	<b>2019 est Medicare Utilization:</b> 1,069,935	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>2020 Work RVU:</b> 1.10 <b>2020 NF PE RVU:</b> 1.45 <b>2020 Fac PE RVU:</b> 0.50
<b>RUC Recommendation:</b> 1.10			<b>Referred to CPT</b> October 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

<b>20612</b>	<b>Aspiration and/or injection of ganglion cyst(s) any location</b>	<b>Global:</b> 000	<b>Issue:</b> RAW	<b>Screen:</b> CMS 000-Day Global Typically Reported with an E/M	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab</b> 30	<b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> July 2016	<b>2019 est Medicare Utilization:</b> 28,400	<b>2007 Work RVU:</b> 0.70 <b>2007 NF PE RVU:</b> 0.71 <b>2007 Fac PE RVU:</b> 0.35 <b>2020 Work RVU:</b> 0.70 <b>2020 NF PE RVU:</b> 0.97 <b>2020 Fac PE RVU:</b> 0.40
<b>RUC Recommendation:</b> Remove from screen			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Remove from Screen
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<b>20680</b>	<b>Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail, rod or plate)</b>	<b>Global:</b> 090	<b>Issue:</b> RAW	<b>Screen:</b> Pre-Time Analysis	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2014	<b>Tab</b> 21	<b>Specialty Developing Recommendation:</b> AAOS, APMA	<b>First Identified:</b> January 2014	<b>2019 est Medicare Utilization:</b> 55,761	<b>2007 Work RVU:</b> 5.90 <b>2007 NF PE RVU:</b> 8.63 <b>2007 Fac PE RVU:</b> 3.82 <b>2020 Work RVU:</b> 5.96 <b>2020 NF PE RVU:</b> 10.63 <b>2020 Fac PE RVU:</b> 5.17
<b>RUC Recommendation:</b> 5.96 and adjustments to pre-service time package 3.			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Maintain
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<b>20692</b>	<b>Application of a multiplane (pins or wires in more than 1 plane), unilateral, external fixation system (eg, Ilizarov, Monticelli type)</b>	<b>Global:</b> 090	<b>Issue:</b> RAW	<b>Screen:</b> 090-Day Global Post- Operative Visits	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 52	<b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> January 2014	<b>2019 est Medicare Utilization:</b> 3,150	<b>2007 Work RVU:</b> 6.40 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 3.65 <b>2020 Work RVU:</b> 16.27 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 13.21
<b>RUC Recommendation:</b> Maintain			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Maintain

# Status Report: CMS Requests and Relativity Assessment Issues

<b>20694</b>	<b>Removal, under anesthesia, of external fixation system</b>	<b>Global:</b> 090	<b>Issue:</b> External Fixation	<b>Screen:</b> Site of Service Anomaly (99238-Only)	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2007	<b>Tab</b> 16 <b>Specialty Developing Recommendation:</b> AAOS	<b>First Identified:</b> September 2007	<b>2019 est Medicare Utilization:</b> 6,209	<b>2007 Work RVU:</b> 4.20 <b>2007 NF PE RVU:</b> 6.69 <b>2007 Fac PE RVU:</b> 3.92 <b>Result:</b> PE Only	<b>2020 Work RVU:</b> 4.28 <b>2020 NF PE RVU:</b> 7.20 <b>2020 Fac PE RVU:</b> 4.67
<b>RUC Recommendation:</b> Reduce 99238 to 0.5		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>	

<b>20700</b>	<b>Manual preparation and insertion of drug-delivery device(s), deep (eg, subfascial) (List separately in addition to code for primary procedure)</b>	<b>Global:</b> ZZZ	<b>Issue:</b> Drug Delivery Implant Procedures	<b>Screen:</b> Different Performing Specialty from Survey	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2018	<b>Tab</b> 05 <b>Specialty Developing Recommendation:</b> AAOS, AUA	<b>First Identified:</b> May 2018	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Increase	<b>2020 Work RVU:</b> 1.50 <b>2020 NF PE RVU:</b> 0.67 <b>2020 Fac PE RVU:</b> 0.67
<b>RUC Recommendation:</b> 1.50		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>	

<b>20701</b>	<b>Removal of drug-delivery device(s), deep (eg, subfascial) (List separately in addition to code for primary procedure)</b>	<b>Global:</b> ZZZ	<b>Issue:</b> Drug Delivery Implant Procedures	<b>Screen:</b> Different Performing Specialty from Survey	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2018	<b>Tab</b> 05 <b>Specialty Developing Recommendation:</b> AAOS, AUA	<b>First Identified:</b> May 2018	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Increase	<b>2020 Work RVU:</b> 1.13 <b>2020 NF PE RVU:</b> 0.50 <b>2020 Fac PE RVU:</b> 0.50
<b>RUC Recommendation:</b> 1.13		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>	

<b>20702</b>	<b>Manual preparation and insertion of drug-delivery device(s), intramedullary (List separately in addition to code for primary procedure)</b>	<b>Global:</b> ZZZ	<b>Issue:</b> Drug Delivery Implant Procedures	<b>Screen:</b> Different Performing Specialty from Survey	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2018	<b>Tab</b> 05 <b>Specialty Developing Recommendation:</b> AAOS, AUA	<b>First Identified:</b> May 2018	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Increase	<b>2020 Work RVU:</b> 2.50 <b>2020 NF PE RVU:</b> 1.10 <b>2020 Fac PE RVU:</b> 1.10
<b>RUC Recommendation:</b> 2.50		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>	

# Status Report: CMS Requests and Relativity Assessment Issues

<b>20703</b>	<b>Removal of drug-delivery device(s), intramedullary (List separately in addition to code for primary procedure)</b>	<b>Global:</b> ZZZ	<b>Issue:</b> Drug Delivery Implant Procedures	<b>Screen:</b> Different Performing Specialty from Survey	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2018	<b>Tab</b> 05 <b>Specialty Developing Recommendation:</b> AAOS, AUA	<b>First Identified:</b> May 2018	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b>	<b>2020 Work RVU:</b> 1.80
<b>RUC Recommendation:</b> 1.80		<b>Referred to CPT</b>		<b>2007 NF PE RVU:</b>	<b>2020 NF PE RVU:</b> 0.80
		<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2007 Fac PE RVU</b>	<b>2020 Fac PE RVU:</b> 0.80
				<b>Result:</b> Increase	
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<b>20704</b>	<b>Manual preparation and insertion of drug-delivery device(s), intra-articular (List separately in addition to code for primary procedure)</b>	<b>Global:</b> ZZZ	<b>Issue:</b> Drug Delivery Implant Procedures	<b>Screen:</b> Different Performing Specialty from Survey	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2018	<b>Tab</b> 05 <b>Specialty Developing Recommendation:</b> AAOS, AUA	<b>First Identified:</b> May 2018	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b>	<b>2020 Work RVU:</b> 2.60
<b>RUC Recommendation:</b> 2.60		<b>Referred to CPT</b>		<b>2007 NF PE RVU:</b>	<b>2020 NF PE RVU:</b> 1.15
		<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2007 Fac PE RVU</b>	<b>2020 Fac PE RVU:</b> 1.15
				<b>Result:</b> Increase	
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<b>20705</b>	<b>Removal of drug-delivery device(s), intra-articular (List separately in addition to code for primary procedure)</b>	<b>Global:</b> ZZZ	<b>Issue:</b> Drug Delivery Implant Procedures	<b>Screen:</b> Different Performing Specialty from Survey	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2018	<b>Tab</b> 05 <b>Specialty Developing Recommendation:</b> AAOS, AUA	<b>First Identified:</b> May 2018	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b>	<b>2020 Work RVU:</b> 2.15
<b>RUC Recommendation:</b> 2.15		<b>Referred to CPT</b>		<b>2007 NF PE RVU:</b>	<b>2020 NF PE RVU:</b> 0.95
		<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2007 Fac PE RVU</b>	<b>2020 Fac PE RVU:</b> 0.95
				<b>Result:</b> Increase	
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<b>20900</b>	<b>Bone graft, any donor area; minor or small (eg, dowel or button)</b>	<b>Global:</b> 000	<b>Issue:</b> Bone Graft Procedures	<b>Screen:</b> Site of Service Anomaly	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2008	<b>Tab</b> 29 <b>Specialty Developing Recommendation:</b> AOFAS, AAOS	<b>First Identified:</b> September 2007	<b>2019 est Medicare Utilization:</b> 4,436	<b>2007 Work RVU:</b> 5.77	<b>2020 Work RVU:</b> 3.00
<b>RUC Recommendation:</b> 3.00		<b>Referred to CPT</b>		<b>2007 NF PE RVU:</b> 8.65	<b>2020 NF PE RVU:</b> 8.13
		<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2007 Fac PE RVU</b> 5.5	<b>2020 Fac PE RVU:</b> 1.82
				<b>Result:</b> Decrease	

# Status Report: CMS Requests and Relativity Assessment Issues

**20902 Bone graft, any donor area; major or large** **Global:** 000 **Issue:** Bone Graft Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent RUC Meeting:** April 2008 **Tab** 29 **Specialty Developing Recommendation:** AOFAS, AAOS **First Identified:** April 2008 **2019 est Medicare Utilization:** 4,599 **2007 Work RVU:** 7.98 **2020 Work RVU:** 4.58 **2007 NF PE RVU:** NA **2020 NF PE RVU:** NA **2007 Fac PE RVU:** 6.63 **2020 Fac PE RVU:** 2.72 **Result:** Decrease

**RUC Recommendation:** 4.58 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**20926 Tissue grafts, other (eg, paratenon, fat, dermis)** **Global:** **Issue:** Tissue Grafting Procedures **Screen:** CMS Fastest Growing / Site of Service Anomaly - 2017 **Complete?** Yes

**Most Recent RUC Meeting:** October 2018 **Tab** 04 **Specialty Developing Recommendation:** AAOS, ASPS, AANS, CNS **First Identified:** October 2008 **2019 est Medicare Utilization:** 14,815 **2007 Work RVU:** 5.70 **2020 Work RVU:** **2007 NF PE RVU:** NA **2020 NF PE RVU:** **2007 Fac PE RVU:** 4.67 **2020 Fac PE RVU:** **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** May 2018 **Referred to CPT Asst** ☒ **Published in CPT Asst:** Deleted for 2020

**21015 Radical resection of tumor (eg, sarcoma), soft tissue of face or scalp; less than 2 cm** **Global:** 090 **Issue:** Radical Resection of Soft Tissue Tumor **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent RUC Meeting:** February 2009 **Tab** 6 **Specialty Developing Recommendation:** ACS, AAOS, AAO-HNS, ASPS **First Identified:** September 2007 **2019 est Medicare Utilization:** 506 **2007 Work RVU:** 5.59 **2020 Work RVU:** 9.89 **2007 NF PE RVU:** NA **2020 NF PE RVU:** NA **2007 Fac PE RVU:** 4.85 **2020 Fac PE RVU:** 8.71 **Result:** Increase

**RUC Recommendation:** 9.71 **Referred to CPT** June 2008 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**21025 Excision of bone (eg, for osteomyelitis or bone abscess); mandible** **Global:** 090 **Issue:** Excision of Bone – Mandible **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent RUC Meeting:** October 2010 **Tab** 61 **Specialty Developing Recommendation:** AAOMS **First Identified:** September 2007 **2019 est Medicare Utilization:** 3,614 **2007 Work RVU:** 11.07 **2020 Work RVU:** 10.03 **2007 NF PE RVU:** 12.32 **2020 NF PE RVU:** 12.67 **2007 Fac PE RVU:** 9.21 **2020 Fac PE RVU:** 8.94 **Result:** Decrease

**RUC Recommendation:** 10.03 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**



# Status Report: CMS Requests and Relativity Assessment Issues

**21495** Open treatment of hyoid fracture

**Global:**

**Issue:** Laryngoplasty

**Screen:** 090-Day Global Post-Operative Visits

**Complete?** Yes

**Most Recent RUC Meeting:** January 2016

**Tab** 09

**Specialty Developing Recommendation:**

**First Identified:** October 2015

**2019 est Medicare Utilization:**

**2007 Work RVU:** 6.55

**2020 Work RVU:**

**2007 NF PE RVU:** NA

**2020 NF PE RVU:**

**2007 Fac PE RVU:** 8.73

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**21557** Radical resection of tumor (eg, sarcoma), soft tissue of neck or anterior thorax; less than 5 cm

**Global:** 090

**Issue:** Radical Resection of Soft Tissue Tumor

**Screen:** Site of Service Anomaly

**Complete?** Yes

**Most Recent RUC Meeting:** February 2009

**Tab** 6

**Specialty Developing Recommendation:** ACS, AAOS

**First Identified:** September 2007

**2019 est Medicare Utilization:** 490

**2007 Work RVU:** 8.91

**2020 Work RVU:** 14.75

**2007 NF PE RVU:** NA

**2020 NF PE RVU:** NA

**2007 Fac PE RVU:** 5.13

**2020 Fac PE RVU:** 9.93

**Result:** Decrease

**RUC Recommendation:** 14.57

**Referred to CPT** June 2008

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**21800** Closed treatment of rib fracture, uncomplicated, each

**Global:**

**Issue:** Internal Fixation of Rib Fracture

**Screen:** CMS Request - Final Rule for 2014

**Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab** 05

**Specialty Developing Recommendation:** STS, ACS

**First Identified:** July 2013

**2019 est Medicare Utilization:**

**2007 Work RVU:** 0.98

**2020 Work RVU:**

**2007 NF PE RVU:** 1.34

**2020 NF PE RVU:**

**2007 Fac PE RVU:** 1.34

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2014

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**21805** Open treatment of rib fracture without fixation, each

**Global:**

**Issue:** Internal Fixation of Rib Fracture

**Screen:** CMS Request - Final Rule for 2014

**Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab** 05

**Specialty Developing Recommendation:** STS, ACS

**First Identified:** January 2014

**2019 est Medicare Utilization:**

**2007 Work RVU:** 2.80

**2020 Work RVU:**

**2007 NF PE RVU:** NA

**2020 NF PE RVU:**

**2007 Fac PE RVU:** 3.28

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2014

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

<b>21810</b>	<b>Treatment of rib fracture requiring external fixation (flail chest)</b>	<b>Global:</b>	<b>Issue:</b> Internal Fixation of Rib Fracture	<b>Screen:</b> CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab 05</b>	<b>Specialty Developing Recommendation:</b> STS, ACS	<b>First Identified:</b> January 2014	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> 6.92 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 5.03 <b>Result:</b> Deleted from CPT
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> October 2013	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>

<b>21811</b>	<b>Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 1-3 ribs</b>	<b>Global:</b> 000	<b>Issue:</b> Internal Fixation of Rib Fracture	<b>Screen:</b> CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab 05</b>	<b>Specialty Developing Recommendation:</b> STS, ACS	<b>First Identified:</b> January 2014	<b>2019 est Medicare Utilization:</b> 357	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 19.55			<b>Referred to CPT</b> October 2013	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>

<b>21812</b>	<b>Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 4-6 ribs</b>	<b>Global:</b> 000	<b>Issue:</b> Internal Fixation of Rib Fracture	<b>Screen:</b> CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab 05</b>	<b>Specialty Developing Recommendation:</b> STS, ACS	<b>First Identified:</b> January 2014	<b>2019 est Medicare Utilization:</b> 468	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 25.00			<b>Referred to CPT</b> October 2013	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>

<b>21813</b>	<b>Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 7 or more ribs</b>	<b>Global:</b> 000	<b>Issue:</b> Internal Fixation of Rib Fracture	<b>Screen:</b> CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab 05</b>	<b>Specialty Developing Recommendation:</b> STS, ACS	<b>First Identified:</b> January 2014	<b>2019 est Medicare Utilization:</b> 62	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 35.00			<b>Referred to CPT</b> October 2013	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>

# Status Report: CMS Requests and Relativity Assessment Issues

<b>21820</b>	<b>Closed treatment of sternum fracture</b>	<b>Global:</b> 090	<b>Issue:</b> Internal Fixation of Rib Fracture	<b>Screen:</b> CMS Request - Final Rule for 2014 / Emergent Procedures	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab</b> 46	<b>Specialty Developing Recommendation:</b> AAOS, ACEP, and orthopaedic subspecialties	<b>First Identified:</b> January 2014	<b>2019 est Medicare Utilization:</b> 190	<b>2007 Work RVU:</b> 1.31 <b>2007 NF PE RVU:</b> 1.82 <b>2007 Fac PE RVU:</b> 1.77 <b>2020 Work RVU:</b> 1.36 <b>2020 NF PE RVU:</b> 2.55 <b>2020 Fac PE RVU:</b> 2.52
<b>RUC Recommendation:</b> PE Clinical staff pre-time revised			<b>Referred to CPT</b> October 2013	<b>Result:</b> PE Only	
			<b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Jan 2018	

<b>21825</b>	<b>Open treatment of sternum fracture with or without skeletal fixation</b>	<b>Global:</b> 090	<b>Issue:</b> Internal Fixation of Rib Fracture	<b>Screen:</b> CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 05	<b>Specialty Developing Recommendation:</b> STS, ACS	<b>First Identified:</b> January 2014	<b>2019 est Medicare Utilization:</b> 737	<b>2007 Work RVU:</b> 7.65 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 6.16 <b>2020 Work RVU:</b> 7.76 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 6.15
<b>RUC Recommendation:</b> Unrelated to the family			<b>Referred to CPT</b> October 2013	<b>Result:</b> Remove from screen	
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	

<b>21935</b>	<b>Radical resection of tumor (eg, sarcoma), soft tissue of back or flank; less than 5 cm</b>	<b>Global:</b> 090	<b>Issue:</b> Radical Resection of Soft Tissue Tumor	<b>Screen:</b> Site of Service Anomaly	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2009	<b>Tab</b> 6	<b>Specialty Developing Recommendation:</b> ACS, AAOS	<b>First Identified:</b> September 2007	<b>2019 est Medicare Utilization:</b> 235	<b>2007 Work RVU:</b> 18.38 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 9.37 <b>2020 Work RVU:</b> 15.72 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 10.62
<b>RUC Recommendation:</b> 15.54			<b>Referred to CPT</b> June 2008	<b>Result:</b> Decrease	
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	

## Status Report: CMS Requests and Relativity Assessment Issues

<b>22214</b>	<b>Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; lumbar</b>	<b>Global:</b> 090	<b>Issue:</b> RAW	<b>Screen:</b> CMS Fastest Growing	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2014	<b>Tab 21</b>	<b>Specialty Developing Recommendation:</b> AAOS, NASS, AANS/CNS	<b>First Identified:</b> October 2008	<b>2019 est Medicare Utilization:</b> 6,695	<b>2007 Work RVU:</b> 20.77 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 13.53 <b>Result:</b> Maintain
<b>RUC Recommendation:</b> Maintain			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> 21.02 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 16.75

<b>22305</b>	<b>Closed treatment of vertebral process fracture(s)</b>	<b>Global:</b>	<b>Issue:</b> Closed treatment of vertebral process fracture	<b>Screen:</b> CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2015	<b>Tab 23</b>	<b>Specialty Developing Recommendation:</b> AANS/CNS, NASS	<b>First Identified:</b> July 2013	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> 2.08 <b>2007 NF PE RVU:</b> 2.27 <b>2007 Fac PE RVU:</b> 1.89 <b>Result:</b> Deleted from CPT
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> May 2016 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>

<b>22310</b>	<b>Closed treatment of vertebral body fracture(s), without manipulation, requiring and including casting or bracing</b>	<b>Global:</b> 090	<b>Issue:</b> Closed Treatment Vertebral Fracture	<b>Screen:</b> Negative IWPUT / Site of Service Anomaly - 2019	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> January 2020	<b>Tab 23</b>	<b>Specialty Developing Recommendation:</b> AANS, AAOS, CNS, ISASS, NASS	<b>First Identified:</b> April 2017	<b>2019 est Medicare Utilization:</b> 6,942	<b>2007 Work RVU:</b> 3.69 <b>2007 NF PE RVU:</b> 2.85 <b>2007 Fac PE RVU:</b> 2.4 <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 3.45. Flag for Rereview			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> 3.45 <b>2020 NF PE RVU:</b> 4.52 <b>2020 Fac PE RVU:</b> 4.20

## Status Report: CMS Requests and Relativity Assessment Issues

**22510** Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic

**Global:** 010

**Issue:** Percutaneous Vertebroplasty and Augmentation

**Screen:** Codes Reported Together 75% or More-Part2

**Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab** 06

**Specialty Developing Recommendation:**

AANS, CNS, AAOS, NASS, ACR, SIR, ASNR

**First Identified:** April 2014

**2019 est Medicare Utilization:** 3,686

**2007 Work RVU:**

**2020 Work RVU:** 7.90

**2007 NF PE RVU:**

**2020 NF PE RVU:** 43.10

**2007 Fac PE RVU**

**2020 Fac PE RVU:**3.70

**RUC Recommendation:** 8.15

**Referred to CPT** February 2014

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

**Result:** Decrease

**22511** Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral

**Global:** 010

**Issue:** Percutaneous Vertebroplasty and Augmentation

**Screen:** Codes Reported Together 75% or More-Part2

**Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab** 06

**Specialty Developing Recommendation:**

AANS, CNS, AAOS, NASS, ACR, SIR, ASNR

**First Identified:** April 2014

**2019 est Medicare Utilization:** 4,104

**2007 Work RVU:**

**2020 Work RVU:** 7.33

**2007 NF PE RVU:**

**2020 NF PE RVU:** 43.22

**2007 Fac PE RVU**

**2020 Fac PE RVU:**3.54

**RUC Recommendation:** 8.05

**Referred to CPT** February 2014

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

**Result:** Decrease

**22512** Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; each additional cervicothoracic or lumbosacral vertebral body (List separately in addition to code for primary procedure)

**Global:** ZZZ

**Issue:** Percutaneous Vertebroplasty and Augmentation

**Screen:** Codes Reported Together 75% or More-Part2

**Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab** 06

**Specialty Developing Recommendation:**

AANS, CNS, AAOS, NASS, ACR, SIR, ASNR

**First Identified:** April 2014

**2019 est Medicare Utilization:** 2,505

**2007 Work RVU:**

**2020 Work RVU:** 4.00

**2007 NF PE RVU:**

**2020 NF PE RVU:** 19.91

**2007 Fac PE RVU**

**2020 Fac PE RVU:**1.42

**RUC Recommendation:** 4.00

**Referred to CPT** February 2014

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

**Result:** Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

22513	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; thoracic	Global: 010	Issue: Percutaneous Vertebroplasty and Augmentation	Screen: Codes Reported Together 75% or More-Part2	Complete? Yes	
Most Recent RUC Meeting: April 2014	Tab 06	Specialty Developing Recommendation: AANS, CNS, AAOS, NASS, ACR, SIR, ASNR	First Identified: April 2014	2019 est Medicare Utilization: 24,396	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU	2020 Work RVU: 8.65 2020 NF PE RVU: 179.02 2020 Fac PE RVU:4.70
RUC Recommendation: 8.90			Referred to CPT February 2014 Referred to CPT Asst <input type="checkbox"/> Published in CPT Asst:		Result: Decrease	
22514	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; lumbar	Global: 010	Issue: Percutaneous Vertebroplasty and Augmentation	Screen: Codes Reported Together 75% or More-Part2	Complete? Yes	
Most Recent RUC Meeting: April 2014	Tab 06	Specialty Developing Recommendation: AANS, CNS, AAOS, NASS, ACR, SIR, ASNR	First Identified: April 2014	2019 est Medicare Utilization: 26,776	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU	2020 Work RVU: 7.99 2020 NF PE RVU: 178.97 2020 Fac PE RVU:4.46
RUC Recommendation: 8.24			Referred to CPT February 2014 Referred to CPT Asst <input type="checkbox"/> Published in CPT Asst:		Result: Decrease	
22515	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)	Global: ZZZ	Issue: Percutaneous Vertebroplasty and Augmentation	Screen: Codes Reported Together 75% or More-Part2	Complete? Yes	
Most Recent RUC Meeting: April 2014	Tab 06	Specialty Developing Recommendation: AANS, CNS, AAOS, NASS, ACR, SIR, ASNR	First Identified: April 2014	2019 est Medicare Utilization: 15,688	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU	2020 Work RVU: 4.00 2020 NF PE RVU: 100.84 2020 Fac PE RVU:1.66
RUC Recommendation: 4.00			Referred to CPT February 2014 Referred to CPT Asst <input type="checkbox"/> Published in CPT Asst:		Result: Decrease	

## Status Report: CMS Requests and Relativity Assessment Issues

<b>22520</b>	<b>Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection; thoracic</b>	<b>Global:</b>	<b>Issue:</b> Percutaneous Vertebroplasty and Augmentation	<b>Screen:</b> CMS Request - Practice Expense Review / Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab 06</b>	<b>Specialty Developing Recommendation:</b> AANS, CNS, AAOS, NASS, ACR, SIR, ASNR	<b>First Identified:</b> February 2009	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> 9.17 <b>2007 NF PE RVU:</b> 56.83 <b>2007 Fac PE RVU:</b> 4.84 <b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> February 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		<b>Result:</b> Deleted from CPT
<hr/>					
<b>22521</b>	<b>Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection; lumbar</b>	<b>Global:</b>	<b>Issue:</b> Percutaneous Vertebroplasty and Augmentation	<b>Screen:</b> Site of Service Anomaly (99238-Only); CMS Request - PE Inputs / Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab 06</b>	<b>Specialty Developing Recommendation:</b> AANS, CNS, AAOS, NASS, ACR, SIR, ASNR	<b>First Identified:</b> September 2007	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> 8.60 <b>2007 NF PE RVU:</b> 52.87 <b>2007 Fac PE RVU:</b> 4.69 <b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> February 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		<b>Result:</b> Deleted from CPT
<hr/>					
<b>22522</b>	<b>Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection; each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)</b>	<b>Global:</b>	<b>Issue:</b> Percutaneous Vertebroplasty and Augmentation	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab 06</b>	<b>Specialty Developing Recommendation:</b> AANS, CNS, AAOS, NASS, ACR, SIR, ASNR	<b>First Identified:</b> April 2014	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> 4.30 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 1.59 <b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> February 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		<b>Result:</b> Deleted from CPT

## Status Report: CMS Requests and Relativity Assessment Issues

<b>22523</b>	<b>Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, 1 vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); thoracic</b>	<b>Global:</b>	<b>Issue:</b> Percutaneous Vertebroplasty and Augmentation	<b>Screen:</b> CMS Request: PE Review	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab 06</b>	<b>Specialty Developing Recommendation:</b> AANS, CNS, AAOS, NASS, ACR, SIR, ASNR	<b>First Identified:</b> September 2011	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> 9.21 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 5.6 <b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> February 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>	<b>Result:</b> Deleted from CPT	
<b>22524</b>	<b>Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, 1 vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); lumbar</b>	<b>Global:</b>	<b>Issue:</b> Percutaneous Vertebroplasty and Augmentation	<b>Screen:</b> CMS Request: PE Review	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab 06</b>	<b>Specialty Developing Recommendation:</b> AANS, CNS, AAOS, NASS, ACR, SIR, ASNR	<b>First Identified:</b> September 2011	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> 8.81 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 5.4 <b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> February 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>	<b>Result:</b> Deleted from CPT	
<b>22525</b>	<b>Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, 1 vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)</b>	<b>Global:</b>	<b>Issue:</b> Percutaneous Vertebroplasty and Augmentation	<b>Screen:</b> CMS Request: PE Review	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab 06</b>	<b>Specialty Developing Recommendation:</b> AANS, CNS, AAOS, NASS, ACR, SIR, ASNR	<b>First Identified:</b> September 2011	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> 4.47 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 2.12 <b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> February 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>	<b>Result:</b> Deleted from CPT	



## Status Report: CMS Requests and Relativity Assessment Issues

22533	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	Global: 090	Issue: Arthrodesis	Screen: CMS Fastest Growing	Complete? Yes		
Most Recent RUC Meeting:	September 2011	Tab 51	Specialty Developing Recommendation: AAOS, NASS, AANS/CNS	First Identified: October 2008	2019 est Medicare Utilization: 908	2007 Work RVU: 24.61	2020 Work RVU: 24.79
						2007 NF PE RVU: NA	2020 NF PE RVU: NA
						2007 Fac PE RVU 13.57	2020 Fac PE RVU:17.34
RUC Recommendation:	Remove from screen. CPT Assistant article published.			Referred to CPT		Result: Remove from Screen	
				Referred to CPT Asst	<input checked="" type="checkbox"/>	Published in CPT Asst:	Oct 2009
22551	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctomy and decompression of spinal cord and/or nerve roots; cervical below C2	Global: 090	Issue: Arthrodesis	Screen: Codes Reported Together 95% or More	Complete? Yes		
Most Recent RUC Meeting:	February 2010	Tab 05	Specialty Developing Recommendation: NASS, AANS/CNS, AAOS	First Identified: February 2010	2019 est Medicare Utilization: 40,145	2007 Work RVU:	2020 Work RVU: 25.00
						2007 NF PE RVU:	2020 NF PE RVU: NA
						2007 Fac PE RVU	2020 Fac PE RVU:16.72
RUC Recommendation:	24.50			Referred to CPT	October 2009	Result: Decrease	
				Referred to CPT Asst	<input type="checkbox"/>	Published in CPT Asst:	
22552	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace (List separately in addition to code for primary procedure)	Global: ZZZ	Issue: Arthrodesis	Screen: Codes Reported Together 95% or More	Complete? Yes		
Most Recent RUC Meeting:	February 2010	Tab 05	Specialty Developing Recommendation: NASS, AANS/CNS, AAOS	First Identified: February 2010	2019 est Medicare Utilization: 35,696	2007 Work RVU:	2020 Work RVU: 6.50
						2007 NF PE RVU:	2020 NF PE RVU: NA
						2007 Fac PE RVU	2020 Fac PE RVU:3.09
RUC Recommendation:	6.50			Referred to CPT	October 2009	Result: Maintain	
				Referred to CPT Asst	<input type="checkbox"/>	Published in CPT Asst:	

# Status Report: CMS Requests and Relativity Assessment Issues

**22554** Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2 **Global:** 090 **Issue:** Arthrodesis **Screen:** Codes Reported Together 95% or More **Complete?** Yes

**Most Recent RUC Meeting:** February 2010 **Tab** 5 **Specialty Developing Recommendation:** NASS, AANS/CNS **First Identified:** February 2008 **2019 est Medicare Utilization:** 4,675 **2007 Work RVU:** 17.54 **2020 Work RVU:** 17.69 **2007 NF PE RVU:** NA **2020 NF PE RVU:** NA **2007 Fac PE RVU:** 11.97 **2020 Fac PE RVU:** 13.39 **Result:** Maintain

**RUC Recommendation:** 17.69 **Referred to CPT** October 2009 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**22558** Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar **Global:** 090 **Issue:** Vertebral Corpectomy with Arthrodesis **Screen:** High Volume Growth2 / Codes Reported Together 75% or More-Part3 **Complete?** No

**Most Recent RUC Meeting:** January 2017 **Tab** 30 **Specialty Developing Recommendation:** AANS/CNS, AAOS, NASS **First Identified:** April 2013 **2019 est Medicare Utilization:** 20,376 **2007 Work RVU:** 23.33 **2020 Work RVU:** 23.53 **2007 NF PE RVU:** NA **2020 NF PE RVU:** NA **2007 Fac PE RVU:** 12.86 **2020 Fac PE RVU:** 14.91 **Result:**

**RUC Recommendation:** Review action plan and additional data **Referred to CPT** September 2016 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**22585** Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); each additional interspace (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Arthrodesis **Screen:** Codes Reported Together 95% or More **Complete?** Yes

**Most Recent RUC Meeting:** February 2010 **Tab** 05 **Specialty Developing Recommendation:** NASS, AANS/CNS **First Identified:** February 2010 **2019 est Medicare Utilization:** 17,132 **2007 Work RVU:** 5.52 **2020 Work RVU:** 5.52 **2007 NF PE RVU:** NA **2020 NF PE RVU:** NA **2007 Fac PE RVU:** 2.62 **2020 Fac PE RVU:** 2.52 **Result:** Maintain

**RUC Recommendation:** Remove from screen **Referred to CPT** October 2009 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

<b>22612</b>	<b>Arthrodesis, posterior or posterolateral technique, single level; lumbar (with lateral transverse technique, when performed)</b>	<b>Global:</b> 090	<b>Issue:</b> Lumbar Arthrodesis	<b>Screen:</b> Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 / Pre-Time Analysis	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2015	<b>Tab</b> 21	<b>Specialty Developing Recommendation:</b> AANS/CNS, AAOS, NASS	<b>First Identified:</b> February 2010	<b>2019 est Medicare Utilization:</b> 44,894	<b>2007 Work RVU:</b> 23.38 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU</b> 13.83 <b>Result:</b> Maintain <b>2020 Work RVU:</b> 23.53 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 16.20
<b>RUC Recommendation:</b> Review utilization data October 2015. 23.53. Maintain work RVU and adjust the times from pre-time package 4.		<b>Referred to CPT</b> October 2010			
		<b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>	

<b>22614</b>	<b>Arthrodesis, posterior or posterolateral technique, single level; each additional vertebral segment (List separately in addition to code for primary procedure)</b>	<b>Global:</b> ZZZ	<b>Issue:</b> Lumbar Arthrodesis	<b>Screen:</b> Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2011	<b>Tab</b> 04	<b>Specialty Developing Recommendation:</b> AANS/CNS, AAOS, NASS	<b>First Identified:</b> February 2010	<b>2019 est Medicare Utilization:</b> 144,296	<b>2007 Work RVU:</b> 6.43 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU</b> 3.15 <b>Result:</b> Decrease <b>2020 Work RVU:</b> 6.43 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 3.09
<b>RUC Recommendation:</b> 6.43		<b>Referred to CPT</b>			
		<b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>	

<b>22630</b>	<b>Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar</b>	<b>Global:</b> 090	<b>Issue:</b> Lumbar Arthrodesis	<b>Screen:</b> Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2011	<b>Tab</b> 04	<b>Specialty Developing Recommendation:</b> AANS/CNS, AAOS, NASS	<b>First Identified:</b> February 2010	<b>2019 est Medicare Utilization:</b> 5,654	<b>2007 Work RVU:</b> 21.89 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU</b> 13.39 <b>Result:</b> Maintain <b>2020 Work RVU:</b> 22.09 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 16.38
<b>RUC Recommendation:</b> 22.09		<b>Referred to CPT</b> October 2010			
		<b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>	

## Status Report: CMS Requests and Relativity Assessment Issues

22632	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; each additional interspace (List separately in addition to code for primary procedure)			Global: ZZZ	Issue: Lumbar Arthrodesis	Screen: Codes Reported Together 75% or More-Part1	Complete? Yes
Most Recent RUC Meeting:	February 2011	Tab 04	Specialty Developing Recommendation:	AANS/CNS, AAOS, NASS	First Identified: February 2010	2019 est Medicare Utilization: 1,875	2007 Work RVU: 5.22 2007 NF PE RVU: NA 2007 Fac PE RVU 2.51 2020 Work RVU: 5.22 2020 NF PE RVU: NA 2020 Fac PE RVU:2.47
RUC Recommendation:	5.22				Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2007 Work RVU: 5.22 2007 NF PE RVU: NA 2007 Fac PE RVU 2.51 2020 Work RVU: 5.22 2020 NF PE RVU: NA 2020 Fac PE RVU:2.47 Result: Decrease
22633	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; lumbar			Global: 090	Issue: Lumbar Arthrodesis	Screen: Codes Reported Together 75% or More-Part1	Complete? Yes
Most Recent RUC Meeting:	February 2011	Tab 04	Specialty Developing Recommendation:	AANS/CNS, AAOS, NASS	First Identified: February 2010	2019 est Medicare Utilization: 38,096	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU 2020 Work RVU: 27.75 2020 NF PE RVU: NA 2020 Fac PE RVU:18.02
RUC Recommendation:	27.75				Referred to CPT October 2010 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU 2020 Work RVU: 27.75 2020 NF PE RVU: NA 2020 Fac PE RVU:18.02 Result: Decrease
22634	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; each additional interspace and segment (List separately in addition to code for primary procedure)			Global: ZZZ	Issue: Lumbar Arthrodesis	Screen: Codes Reported Together 75% or More-Part1	Complete? Yes
Most Recent RUC Meeting:	February 2011	Tab 04	Specialty Developing Recommendation:	AANS/CNS, AAOS, NASS	First Identified: February 2010	2019 est Medicare Utilization: 14,338	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU 2020 Work RVU: 8.16 2020 NF PE RVU: NA 2020 Fac PE RVU:3.90
RUC Recommendation:	8.16				Referred to CPT October 2010 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU 2020 Work RVU: 8.16 2020 NF PE RVU: NA 2020 Fac PE RVU:3.90 Result: Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

<b>22843</b>	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 7 to 12 vertebral segments (List separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Spine Fixation Device	<b>Screen:</b> CMS Fastest Growing	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2009	<b>Tab</b> 38 <b>Specialty Developing Recommendation:</b> AAOS, NASS, AANS	<b>First Identified:</b> October 2008	<b>2019 est Medicare Utilization:</b> 8,692	<b>2007 Work RVU:</b> 13.44 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 6.28 <b>Result:</b> Remove from Screen	<b>2020 Work RVU:</b> 13.44 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 6.46
<b>RUC Recommendation:</b> Remove from screen		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>					
<b>22849</b>	Reinsertion of spinal fixation device	<b>Global:</b> 090	<b>Issue:</b> RAW	<b>Screen:</b> CMS Fastest Growing	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2014	<b>Tab</b> 21 <b>Specialty Developing Recommendation:</b> AAOS, NASS, AANS/CNS	<b>First Identified:</b> October 2008	<b>2019 est Medicare Utilization:</b> 4,231	<b>2007 Work RVU:</b> 19.08 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 11.39 <b>Result:</b> Maintain	<b>2020 Work RVU:</b> 19.17 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 13.33
<b>RUC Recommendation:</b> Maintain		<b>Referred to CPT</b> June 2010 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>					
<b>22851</b>	Application of intervertebral biomechanical device(s) (eg, synthetic cage(s), methylmethacrylate) to vertebral defect or interspace (List separately in addition to code for primary procedure)	<b>Global:</b>	<b>Issue:</b> Biomechanical Device Insertion-Intervertebral, Interbody	<b>Screen:</b> CMS Fastest Growing / High Volume Growth1 / CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 06 <b>Specialty Developing Recommendation:</b> AANS/CNS, NASS	<b>First Identified:</b> October 2008	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> 6.70 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 3.18 <b>Result:</b> Deleted from CPT	<b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> October 2015 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

## Status Report: CMS Requests and Relativity Assessment Issues

<b>22859</b>	Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh, methylmethacrylate) to intervertebral disc space or vertebral body defect without interbody arthrodesis, each contiguous defect (List separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Biomechanical Device Insertion-Intervertebral, Interbody	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 06	<b>Specialty Developing Recommendation:</b> AAOS, AANS, CNS, ISASS, NASS	<b>First Identified:</b> October 2015	<b>2019 est Medicare Utilization:</b> 1,934	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease
<b>RUC Recommendation:</b> 6.00			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> 5.50 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 2.63
<hr/>					
<b>22867</b>	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level	<b>Global:</b> 090	<b>Issue:</b> Biomechanical Device Insertion-Intervertebral, Interbody	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 06	<b>Specialty Developing Recommendation:</b> AAOS, AANS, CNS, ISASS, NASS	<b>First Identified:</b> October 2015	<b>2019 est Medicare Utilization:</b> 2,131	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease
<b>RUC Recommendation:</b> 4.88			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> 13.50 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 10.90
<hr/>					
<b>22868</b>	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; second level (List separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Biomechanical Device Insertion-Intervertebral, Interbody	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 06	<b>Specialty Developing Recommendation:</b> AAOS, AANS, CNS, ISASS, NASS	<b>First Identified:</b> October 2015	<b>2019 est Medicare Utilization:</b> 532	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease
<b>RUC Recommendation:</b> 5.50			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> 4.00 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 1.90

# Status Report: CMS Requests and Relativity Assessment Issues

**22900** Excision, tumor, soft tissue of abdominal wall, subfascial (eg, intramuscular); less than 5 cm **Global:** 090 **Issue:** Subfascial Excision of Soft Tissue Tumor **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent RUC Meeting:** February 2009 **Tab** 5 **Specialty Developing Recommendation:** ACS, AAOS **First Identified:** September 2007 **2019 est Medicare Utilization:** 628 **2007 Work RVU:** 6.14 **2020 Work RVU:** 8.32 **2007 NF PE RVU:** NA **2020 NF PE RVU:** NA **2007 Fac PE RVU:** 3.3 **2020 Fac PE RVU:** 6.12 **Result:** Increase

**RUC Recommendation:** 8.21 **Referred to CPT** June 2008 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**23076** Excision, tumor, soft tissue of shoulder area, subfascial (eg, intramuscular); less than 5 cm **Global:** 090 **Issue:** Subfascial Excision of Soft Tissue Tumor **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent RUC Meeting:** February 2009 **Tab** 5 **Specialty Developing Recommendation:** ACS, AAOS **First Identified:** September 2007 **2019 est Medicare Utilization:** 677 **2007 Work RVU:** 7.77 **2020 Work RVU:** 7.41 **2007 NF PE RVU:** NA **2020 NF PE RVU:** NA **2007 Fac PE RVU:** 5.5 **2020 Fac PE RVU:** 6.66 **Result:** Decrease

**RUC Recommendation:** 7.28 **Referred to CPT** June 2008 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

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

**Most Recent RUC Meeting:** April 2008 **Tab** 30 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2019 est Medicare Utilization:** 6,767 **2007 Work RVU:** 7.23 **2020 Work RVU:** 7.39 **2007 NF PE RVU:** NA **2020 NF PE RVU:** NA **2007 Fac PE RVU:** 6.22 **2020 Fac PE RVU:** 8.04 **Result:** Maintain

**RUC Recommendation:** 7.23 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

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

**Most Recent RUC Meeting:** September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2019 est Medicare Utilization:** 1,826 **2007 Work RVU:** 7.63 **2020 Work RVU:** 7.77 **2007 NF PE RVU:** NA **2020 NF PE RVU:** NA **2007 Fac PE RVU:** 6.88 **2020 Fac PE RVU:** 8.39 **Result:** PE Only

**RUC Recommendation:** Reduce 99238 to 0.5 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

<b>23350</b>	<b>Injection procedure for shoulder arthrography or enhanced CT/MRI shoulder arthrography</b>	<b>Global:</b> 000	<b>Issue:</b> Injection for Shoulder X-Ray	<b>Screen:</b> Harvard Valued - Utilization over 30,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2011	<b>Tab</b> 13	<b>Specialty Developing Recommendation:</b> ACR, AAOS	<b>First Identified:</b> April 2011	<b>2019 est Medicare Utilization:</b> 35,070	<b>2007 Work RVU:</b> 1.00 <b>2007 NF PE RVU:</b> 3.23 <b>2007 Fac PE RVU:</b> 0.32 <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 1.00			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> 1.00 <b>2020 NF PE RVU:</b> 3.26 <b>2020 Fac PE RVU:</b> 0.38
<hr/>					
<b>23405</b>	<b>Tenotomy, shoulder area; single tendon</b>	<b>Global:</b> 090	<b>Issue:</b> Tenotomy	<b>Screen:</b> Site of Service Anomaly (99238-Only)	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2007	<b>Tab</b> 16	<b>Specialty Developing Recommendation:</b> AAOS	<b>First Identified:</b> September 2007	<b>2019 est Medicare Utilization:</b> 2,277	<b>2007 Work RVU:</b> 8.43 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 6.69 <b>Result:</b> PE Only
<b>RUC Recommendation:</b> Reduce 99238 to 0.5			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> 8.54 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 7.79
<hr/>					
<b>23410</b>	<b>Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute</b>	<b>Global:</b> 090	<b>Issue:</b> Rotator Cuff	<b>Screen:</b> Site of Service Anomaly	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2008	<b>Tab</b> 12	<b>Specialty Developing Recommendation:</b> AAOS	<b>First Identified:</b> September 2007	<b>2019 est Medicare Utilization:</b> 3,333	<b>2007 Work RVU:</b> 12.63 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 9.02 <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 11.23			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> 11.39 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 10.08
<hr/>					
<b>23412</b>	<b>Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic</b>	<b>Global:</b> 090	<b>Issue:</b> Rotator Cuff	<b>Screen:</b> Site of Service Anomaly / Pre-Time Analysis	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2014	<b>Tab</b> 21	<b>Specialty Developing Recommendation:</b> AAOS	<b>First Identified:</b> September 2007	<b>2019 est Medicare Utilization:</b> 12,002	<b>2007 Work RVU:</b> 13.55 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 9.49 <b>Result:</b> Decrease
<b>RUC Recommendation:</b> Maintain work RVU and adjust the times from pre-time package 4. 11.77			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> 11.93 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 10.35



# Status Report: CMS Requests and Relativity Assessment Issues

## 23415 Coracoacromial ligament release, with or without acromioplasty

Global: 090

Issue: Shoulder Ligament Release

Screen: Site of Service Anomaly

Complete? Yes

Most Recent  
RUC Meeting: October 2010

Tab 62

Specialty Developing  
Recommendation: AAOS

First  
Identified: September 2007

2019 est  
Medicare  
Utilization: 408

2007 Work RVU: 10.09

2020 Work RVU: 9.23

2007 NF PE RVU: NA

2020 NF PE RVU: NA

2007 Fac PE RVU 7.65

2020 Fac PE RVU:9.07

Result: Decrease

RUC Recommendation: 9.23

Referred to CPT

Referred to CPT Asst

☐

Published in CPT Asst:

## 23420 Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)

Global: 090

Issue: Rotator Cuff

Screen: Site of Service Anomaly

Complete? Yes

Most Recent  
RUC Meeting: February 2008

Tab 12

Specialty Developing  
Recommendation: AAOS

First  
Identified: September 2007

2019 est  
Medicare  
Utilization: 2,359

2007 Work RVU: 14.75

2020 Work RVU: 13.54

2007 NF PE RVU: NA

2020 NF PE RVU: NA

2007 Fac PE RVU 10.59

2020 Fac PE RVU:11.86

Result: Decrease

RUC Recommendation: 13.35

Referred to CPT

Referred to CPT Asst

☐

Published in CPT Asst:

## 23430 Tenodesis of long tendon of biceps

Global: 090

Issue: Tenodesis

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

Complete? Yes

Most Recent  
RUC Meeting: October 2009

Tab 12

Specialty Developing  
Recommendation: AAOS

First  
Identified: September 2007

2019 est  
Medicare  
Utilization: 19,997

2007 Work RVU: 10.05

2020 Work RVU: 10.17

2007 NF PE RVU: NA

2020 NF PE RVU: NA

2007 Fac PE RVU 7.78

2020 Fac PE RVU:9.38

Result: Maintain

RUC Recommendation: 10.17

Referred to CPT

Referred to CPT Asst

☐

Published in CPT Asst:

## 23440 Resection or transplantation of long tendon of biceps

Global: 090

Issue: Tendon Transfer

Screen: Site of Service Anomaly  
(99238-Only)

Complete? Yes

Most Recent  
RUC Meeting: September 2007

Tab 16

Specialty Developing  
Recommendation: AAOS

First  
Identified: September 2007

2019 est  
Medicare  
Utilization: 1,487

2007 Work RVU: 10.53

2020 Work RVU: 10.64

2007 NF PE RVU: NA

2020 NF PE RVU: NA

2007 Fac PE RVU 7.91

2020 Fac PE RVU:9.13

Result: PE Only

RUC Recommendation: Reduce 99238 to 0.5

Referred to CPT

Referred to CPT Asst

☐

Published in CPT Asst:

# Status Report: CMS Requests and Relativity Assessment Issues

**23472** Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder)) **Global:** 090 **Issue:** Arthroplasty **Screen:** CMS Fastest Growing / High Volume Growth3 **Complete?** Yes

**Most Recent RUC Meeting:** October 2015

**Tab 21** **Specialty Developing Recommendation:** AAOS

**First Identified:** October 2008

**2019 est Medicare Utilization:** 67,382

**2007 Work RVU:** 22.47 **2020 Work RVU:** 22.13

**2007 NF PE RVU:** NA **2020 NF PE RVU:** NA

**2007 Fac PE RVU** 13.89 **2020 Fac PE RVU:**15.62

**Result:** Remove from Screen

**RUC Recommendation:** Remove from screen

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**23540** Closed treatment of acromioclavicular dislocation; without manipulation **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

**Most Recent RUC Meeting:** April 2016

**Tab 46** **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties

**First Identified:** October 2015

**2019 est Medicare Utilization:** 339

**2007 Work RVU:** 2.28 **2020 Work RVU:** 2.36

**2007 NF PE RVU:** 2.8 **2020 NF PE RVU:** 3.85

**2007 Fac PE RVU** 2.43 **2020 Fac PE RVU:**3.82

**RUC Recommendation:** PE Clinical staff pre-time revised

**Referred to CPT**

**Referred to CPT Asst** ☒

**Published in CPT Asst:** Jan 2018

**Result:** PE Only

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

**Most Recent RUC Meeting:** September 2011

**Tab 14** **Specialty Developing Recommendation:** AAOS

**First Identified:** April 2011

**2019 est Medicare Utilization:** 32,747

**2007 Work RVU:** 3.00 **2020 Work RVU:** 3.00

**2007 NF PE RVU:** 4.43 **2020 NF PE RVU:** 5.88

**2007 Fac PE RVU** 3.58 **2020 Fac PE RVU:**5.35

**Result:** Decrease

**RUC Recommendation:** 3.00

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**23625** Closed treatment of greater humeral tuberosity fracture; with manipulation **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

**Most Recent RUC Meeting:** April 2016

**Tab 46** **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties

**First Identified:** October 2015

**2019 est Medicare Utilization:** 173

**2007 Work RVU:** 3.99 **2020 Work RVU:** 4.10

**2007 NF PE RVU:** 4.82 **2020 NF PE RVU:** 6.05

**2007 Fac PE RVU** 4.19 **2020 Fac PE RVU:**5.22

**RUC Recommendation:** PE Clinical staff pre-time revised

**Referred to CPT**

**Referred to CPT Asst** ☒

**Published in CPT Asst:** Jan 2018

**Result:** PE Only

## Status Report: CMS Requests and Relativity Assessment Issues

**23650** Closed treatment of shoulder dislocation, with manipulation; without anesthesia **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

**Most Recent RUC Meeting:** April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP and orthopaedic subspecialties **First Identified:** October 2015 **2019 est Medicare Utilization:** 14,692 **2007 Work RVU:** 3.44 **2020 Work RVU:** 3.53 **2007 NF PE RVU:** 3.65 **2020 NF PE RVU:** 4.98 **2007 Fac PE RVU:** 2.77 **2020 Fac PE RVU:** 4.16

**RUC Recommendation:** PE Clinical staff pre-time revised

**Referred to CPT**

**Referred to CPT Asst** ☒

**Published in CPT Asst:** Jan 2018

**Result:** PE Only

**23655** Closed treatment of shoulder dislocation, with manipulation; requiring anesthesia **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

**Most Recent RUC Meeting:** April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2019 est Medicare Utilization:** 2,327 **2007 Work RVU:** 4.64 **2020 Work RVU:** 4.76 **2007 NF PE RVU:** NA **2020 NF PE RVU:** NA **2007 Fac PE RVU:** 4.17 **2020 Fac PE RVU:** 5.97

**RUC Recommendation:** PE Clinical staff pre-time revised

**Referred to CPT**

**Referred to CPT Asst** ☒

**Published in CPT Asst:** Jan 2018

**Result:** PE Only

**23665** Closed treatment of shoulder dislocation, with fracture of greater humeral tuberosity, with manipulation **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

**Most Recent RUC Meeting:** April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2019 est Medicare Utilization:** 556 **2007 Work RVU:** 4.54 **2020 Work RVU:** 4.66 **2007 NF PE RVU:** 5.21 **2020 NF PE RVU:** 6.77 **2007 Fac PE RVU:** 4.61 **2020 Fac PE RVU:** 5.85

**RUC Recommendation:** PE Clinical staff pre-time revised

**Referred to CPT**

**Referred to CPT Asst** ☒

**Published in CPT Asst:** Jan 2018

**Result:** PE Only

## Status Report: CMS Requests and Relativity Assessment Issues

**24505** Closed treatment of humeral shaft fracture; with manipulation, with or without skeletal traction **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

**Most Recent RUC Meeting:** April 2016

**Tab** 46

**Specialty Developing Recommendation:**

AAOS, ACEP, and orthopaedic subspecialties

**First Identified:** October 2015

**2019 est Medicare Utilization:** 890

**2007 Work RVU:** 5.25

**2020 Work RVU:** 5.39

**2007 NF PE RVU:** 6.42

**2020 NF PE RVU:** 7.90

**2007 Fac PE RVU** 5.27

**2020 Fac PE RVU:**6.50

**RUC Recommendation:** PE Clinical staff pre-time revised

**Referred to CPT**

**Referred to CPT Asst** ☒

**Published in CPT Asst:** Jan 2018

**Result:** PE Only

**24600** Treatment of closed elbow dislocation; without anesthesia

**Global:** 090

**Issue:** PE Subcommittee

**Screen:** Emergent Procedures

**Complete?** Yes

**Most Recent RUC Meeting:** April 2016

**Tab** 46

**Specialty Developing Recommendation:**

AAOS, ACEP, and orthopaedic subspecialties

**First Identified:** October 2015

**2019 est Medicare Utilization:** 1,283

**2007 Work RVU:** 4.28

**2020 Work RVU:** 4.37

**2007 NF PE RVU:** 4.61

**2020 NF PE RVU:** 5.44

**2007 Fac PE RVU** 3.45

**2020 Fac PE RVU:**4.49

**RUC Recommendation:** PE Clinical staff pre-time revised

**Referred to CPT**

**Referred to CPT Asst** ☒

**Published in CPT Asst:** Jan 2018

**Result:** PE Only

**24605** Treatment of closed elbow dislocation; requiring anesthesia

**Global:** 090

**Issue:** PE Subcommittee

**Screen:** Emergent Procedures

**Complete?** Yes

**Most Recent RUC Meeting:** April 2016

**Tab** 46

**Specialty Developing Recommendation:**

AAOS, ACEP, and orthopaedic subspecialties

**First Identified:** October 2015

**2019 est Medicare Utilization:** 382

**2007 Work RVU:** 5.50

**2020 Work RVU:** 5.64

**2007 NF PE RVU:** NA

**2020 NF PE RVU:** NA

**2007 Fac PE RVU** 5.26

**2020 Fac PE RVU:**6.91

**RUC Recommendation:** PE Clinical staff pre-time revised

**Referred to CPT**

**Referred to CPT Asst** ☒

**Published in CPT Asst:** Jan 2018

**Result:** PE Only

## Status Report: CMS Requests and Relativity Assessment Issues

**25116** Radical excision of bursa, synovia of wrist, or forearm tendon sheaths (eg, tenosynovitis, fungus, Tbc, or other granulomas, rheumatoid arthritis); extensors, with or without transposition of dorsal retinaculum **Global:** 090 **Issue:** Forearm Excision **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent RUC Meeting:** October 2010

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

**First Identified:** September 2007

**2019 est Medicare Utilization:** 1,034

**2007 Work RVU:** 7.38

**2020 Work RVU:** 7.56

**2007 NF PE RVU:** NA

**2020 NF PE RVU:** NA

**2007 Fac PE RVU** 12.13

**2020 Fac PE RVU:**8.40

**Result:** Maintain

**RUC Recommendation:** 7.56

**Referred to CPT**

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

**25210** Carpectomy; 1 bone

**Global:** 090 **Issue:** Carpectomy

**Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

**Most Recent RUC Meeting:** September 2007

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

**First Identified:** September 2007

**2019 est Medicare Utilization:** 3,150

**2007 Work RVU:** 6.01

**2020 Work RVU:** 6.12

**2007 NF PE RVU:** NA

**2020 NF PE RVU:** NA

**2007 Fac PE RVU** 6.49

**2020 Fac PE RVU:**6.92

**Result:** PE Only

**RUC Recommendation:** Reduce 99238 to 0.5

**Referred to CPT**

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

**25260** Repair, tendon or muscle, flexor, forearm and/or wrist; primary, single, each tendon or muscle

**Global:** 090 **Issue:** Tendon Repair

**Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

**Most Recent RUC Meeting:** September 2007

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

**First Identified:** September 2007

**2019 est Medicare Utilization:** 919

**2007 Work RVU:** 7.89

**2020 Work RVU:** 8.04

**2007 NF PE RVU:** NA

**2020 NF PE RVU:** NA

**2007 Fac PE RVU** 12.3

**2020 Fac PE RVU:**8.70

**Result:** PE Only

**RUC Recommendation:** Reduce 99238 to 0.5

**Referred to CPT**

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

# Status Report: CMS Requests and Relativity Assessment Issues

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

**Most Recent RUC Meeting:** September 2007

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

**First Identified:** September 2007

**2019 est Medicare Utilization:** 1,402

**2007 Work RVU:** 7.28

**2020 Work RVU:** 7.39

**2007 NF PE RVU:** NA

**2020 NF PE RVU:** NA

**2007 Fac PE RVU** 11.6

**2020 Fac PE RVU:**7.60

**Result:** PE Only

**RUC Recommendation:** Reduce 99238 to 0.5

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**25310** Tendon transplantation or transfer, flexor or extensor, forearm and/or wrist, single; each tendon

**Global:** 090

**Issue:** Forearm Repair

**Screen:** Site of Service Anomaly

**Complete?** Yes

**Most Recent RUC Meeting:** February 2008

**Tab** 15 **Specialty Developing Recommendation:** ASSH, AAOS

**First Identified:** September 2007

**2019 est Medicare Utilization:** 7,690

**2007 Work RVU:** 8.26

**2020 Work RVU:** 8.08

**2007 NF PE RVU:** NA

**2020 NF PE RVU:** NA

**2007 Fac PE RVU** 11.99

**2020 Fac PE RVU:**8.34

**Result:** Decrease

**RUC Recommendation:** 7.94

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**25565** Closed treatment of radial and ulnar shaft fractures; with manipulation

**Global:** 090

**Issue:** `

**Screen:** Emergent Procedures

**Complete?** Yes

**Most Recent RUC Meeting:** April 2016

**Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties

**First Identified:** October 2015

**2019 est Medicare Utilization:** 667

**2007 Work RVU:** 5.71

**2020 Work RVU:** 5.85

**2007 NF PE RVU:** 6.52

**2020 NF PE RVU:** 7.87

**2007 Fac PE RVU** 5.32

**2020 Fac PE RVU:**6.40

**RUC Recommendation:** PE Clinical staff pre-time revised

**Referred to CPT**

**Referred to CPT Asst** ☒

**Published in CPT Asst:** Jan 2018

**Result:** PE Only

## Status Report: CMS Requests and Relativity Assessment Issues

**25605** Closed treatment of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, includes closed treatment of fracture of ulnar styloid, when performed; with manipulation **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

**Most Recent RUC Meeting:** April 2016

**Tab** 46

**Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties

**First Identified:** October 2015

**2019 est Medicare Utilization:** 20,527

**2007 Work RVU:** 7.02

**2020 Work RVU:** 6.25

**2007 NF PE RVU:** 7.15

**2020 NF PE RVU:** 8.09

**2007 Fac PE RVU** 6.21

**2020 Fac PE RVU:**7.24

**RUC Recommendation:** PE Clinical staff pre-time revised

**Referred to CPT**

**Referred to CPT Asst** ☒

**Published in CPT Asst:** Jan 2018 **Result:** PE Only

**25606** Percutaneous skeletal fixation of distal radial fracture or epiphyseal separation **Global:** 090 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

**Most Recent RUC Meeting:** September 2014

**Tab** 21

**Specialty Developing Recommendation:** AAOS, ASSH

**First Identified:** September 2014

**2019 est Medicare Utilization:** 2,015

**2007 Work RVU:** 8.10

**2020 Work RVU:** 8.31

**2007 NF PE RVU:** NA

**2020 NF PE RVU:** NA

**2007 Fac PE RVU** 8.41

**2020 Fac PE RVU:**9.19

**RUC Recommendation:** Maintain work RVU and adjust the times from pre-time package 3.

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**25607** Open treatment of distal radial extra-articular fracture or epiphyseal separation, with internal fixation **Global:** 090 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

**Most Recent RUC Meeting:** September 2014

**Tab** 21

**Specialty Developing Recommendation:** AAOS, ASSH

**First Identified:** September 2014

**2019 est Medicare Utilization:** 9,419

**2007 Work RVU:** 9.35

**2020 Work RVU:** 9.56

**2007 NF PE RVU:** NA

**2020 NF PE RVU:** NA

**2007 Fac PE RVU** 7.26

**2020 Fac PE RVU:**9.84

**RUC Recommendation:** Maintain work RVU and adjust the times from pre-time package 3.

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

<b>25608</b>	Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 2 fragments	<b>Global:</b> 090	<b>Issue:</b> RAW	<b>Screen:</b> Pre-Time Analysis	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2014	<b>Tab</b> 21	<b>Specialty Developing Recommendation:</b> AAOS, ASSH	<b>First Identified:</b> September 2014	<b>2019 est Medicare Utilization:</b> 7,290	<b>2007 Work RVU:</b> 10.86 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU</b> 7.88 <b>Result:</b> Maintain
<b>RUC Recommendation:</b> Maintain work RVU and adjust the times from pre-time package 3.			<b>Referred to CPT</b>		
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	

<b>25609</b>	Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 3 or more fragments	<b>Global:</b> 090	<b>Issue:</b> RAW	<b>Screen:</b> Pre-Time Analysis	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2014	<b>Tab</b> 21	<b>Specialty Developing Recommendation:</b> AAOS, ASSH	<b>First Identified:</b> January 2014	<b>2019 est Medicare Utilization:</b> 18,114	<b>2007 Work RVU:</b> 14.12 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU</b> 9.77 <b>Result:</b> Maintain
<b>RUC Recommendation:</b> Maintain work RVU and adjust the times from pre-time package 3.			<b>Referred to CPT</b>		
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	

<b>25675</b>	Closed treatment of distal radioulnar dislocation with manipulation	<b>Global:</b> 090	<b>Issue:</b> PE Subcommittee	<b>Screen:</b> Emergent Procedures	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab</b> 46	<b>Specialty Developing Recommendation:</b> AAOS, ACEP, and orthopaedic subspecialties	<b>First Identified:</b> October 2015	<b>2019 est Medicare Utilization:</b> 445	<b>2007 Work RVU:</b> 4.75 <b>2007 NF PE RVU:</b> 5.46 <b>2007 Fac PE RVU</b> 4.53
<b>RUC Recommendation:</b> PE Clinical staff pre-time revised			<b>Referred to CPT</b>	<b>Result:</b> PE Only	
			<b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Jan 2018	



# Status Report: CMS Requests and Relativity Assessment Issues

**26020 Drainage of tendon sheath, digit and/or palm, each** Global: 090 Issue: Tendon Sheath Procedures Screen: Negative IWPUT Complete? Yes

Most Recent Tab 07 Specialty Developing AAOS, First 2019 est 2007 Work RVU: 4.97 2020 Work RVU: 6.84  
 RUC Meeting: April 2018 Recommendation: ASPS, ASSH Identified: April 2017 Medicare Utilization: 2,453 2007 NF PE RVU: NA 2020 NF PE RVU: NA  
 2007 Fac PE RVU 5.21 2020 Fac PE RVU:7.87  
 RUC Recommendation: 7.79 Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst: Result: Increase

**26055 Tendon sheath incision (eg, for trigger finger)** Global: 090 Issue: Tendon Sheath Procedures Screen: Negative IWPUT Complete? Yes

Most Recent Tab 07 Specialty Developing AAOS, First 2019 est 2007 Work RVU: 3.00 2020 Work RVU: 3.11  
 RUC Meeting: April 2018 Recommendation: ASPS, ASSH Identified: April 2017 Medicare Utilization: 105,433 2007 NF PE RVU: 13.02 2020 NF PE RVU: 11.95  
 2007 Fac PE RVU 3.92 2020 Fac PE RVU:4.64  
 RUC Recommendation: 3.75 Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst: Result: Increase

**26080 Arthrotomy, with exploration, drainage, or removal of loose or foreign body; interphalangeal joint, each** Global: 090 Issue: RAW Screen: Site of Service Anomaly / CPT Assistant Analysis Complete? Yes

Most Recent Tab 21 Specialty Developing ASSH, AAOS First 2019 est 2007 Work RVU: 4.36 2020 Work RVU: 4.47  
 RUC Meeting: October 2015 Recommendation: Identified: September 2007 Medicare Utilization: 1,997 2007 NF PE RVU: NA 2020 NF PE RVU: NA  
 2007 Fac PE RVU 4.73 2020 Fac PE RVU:6.05  
 RUC Recommendation: Action plan for RAW Oct 2015. Maintain Referred to CPT Referred to CPT Asst ☒ Published in CPT Asst: Sep 2012 Result: Maintain

**26160 Excision of lesion of tendon sheath or joint capsule (eg, cyst, mucous cyst, or ganglion), hand or finger** Global: 090 Issue: Tendon Sheath Procedures Screen: Negative IWPUT Complete? Yes

Most Recent Tab 07 Specialty Developing AAOS, First 2019 est 2007 Work RVU: 3.46 2020 Work RVU: 3.57  
 RUC Meeting: April 2018 Recommendation: ASPS, ASSH Identified: April 2017 Medicare Utilization: 18,598 2007 NF PE RVU: 11.53 2020 NF PE RVU: 12.14  
 2007 Fac PE RVU 4.08 2020 Fac PE RVU:4.84  
 RUC Recommendation: 3.57 Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst: Result: Maintain

## Status Report: CMS Requests and Relativity Assessment Issues

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

**Most Recent RUC Meeting:** April 2015

**Tab** 25

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

**First Identified:** September 2007

**2019 est Medicare Utilization:** 1,150

**2007 Work RVU:** 10.22

**2020 Work RVU:** 9.56

**2007 NF PE RVU:** NA

**2020 NF PE RVU:** NA

**2007 Fac PE RVU** 17.22

**2020 Fac PE RVU:**11.60

**Result:** Decrease

**RUC Recommendation:** 10.03

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**26357** Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); secondary, without free graft, each tendon

**Global:** 090

**Issue:** Repair Flexor Tendon

**Screen:** 090-Day Global Post-Operative Visits

**Complete?** Yes

**Most Recent RUC Meeting:** April 2015

**Tab** 25

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

**First Identified:** April 2014

**2019 est Medicare Utilization:** 66

**2007 Work RVU:** 8.65

**2020 Work RVU:** 11.00

**2007 NF PE RVU:** NA

**2020 NF PE RVU:** NA

**2007 Fac PE RVU** 14.29

**2020 Fac PE RVU:**12.45

**Result:** Increase

**RUC Recommendation:** 11.50

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**26358** Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); secondary, with free graft (includes obtaining graft), each tendon

**Global:** 090

**Issue:** Repair Flexor Tendon

**Screen:** 090-Day Global Post-Operative Visits

**Complete?** Yes

**Most Recent RUC Meeting:** April 2015

**Tab** 25

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

**First Identified:** April 2014

**2019 est Medicare Utilization:** 42

**2007 Work RVU:** 9.22

**2020 Work RVU:** 12.60

**2007 NF PE RVU:** NA

**2020 NF PE RVU:** NA

**2007 Fac PE RVU** 15.19

**2020 Fac PE RVU:**13.26

**Result:** Increase

**RUC Recommendation:** 13.10

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

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

**Most Recent RUC Meeting:** April 2009      **Tab** 26      **Specialty Developing Recommendation:** AAOS, ASSH      **First Identified:** October 2008      **2019 est Medicare Utilization:** 10,824      **2007 Work RVU:** 6.76      **2020 Work RVU:** 6.90  
**2007 NF PE RVU:** NA      **2020 NF PE RVU:** NA  
**2007 Fac PE RVU:** 13.68      **2020 Fac PE RVU:** 13.77  
**Result:** Maintain

**RUC Recommendation:** 6.76      **Referred to CPT**  
**Referred to CPT Asst** ☐      **Published in CPT Asst:**

**26700** Closed treatment of metacarpophalangeal dislocation, single, with manipulation; without anesthesia      **Global:** 090      **Issue:** PE Subcommittee      **Screen:** Emergent Procedures      **Complete?** Yes

**Most Recent RUC Meeting:** April 2016      **Tab** 46      **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties      **First Identified:** October 2015      **2019 est Medicare Utilization:** 471      **2007 Work RVU:** 3.74      **2020 Work RVU:** 3.83  
**2007 NF PE RVU:** 3.65      **2020 NF PE RVU:** 4.99  
**2007 Fac PE RVU:** 2.89      **2020 Fac PE RVU:** 4.30

**RUC Recommendation:** PE Clinical staff pre-time revised      **Referred to CPT**  
**Referred to CPT Asst** ☒      **Published in CPT Asst:** Jan 2018      **Result:** PE Only

**26750** Closed treatment of distal phalangeal fracture, finger or thumb; without manipulation, each      **Global:** 090      **Issue:** PE Subcommittee      **Screen:** Emergent Procedures      **Complete?** Yes

**Most Recent RUC Meeting:** April 2016      **Tab** 46      **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties      **First Identified:** October 2015      **2019 est Medicare Utilization:** 6,976      **2007 Work RVU:** 1.74      **2020 Work RVU:** 1.80  
**2007 NF PE RVU:** 2.42      **2020 NF PE RVU:** 3.18  
**2007 Fac PE RVU:** 2.07      **2020 Fac PE RVU:** 3.21

**RUC Recommendation:** PE Clinical staff pre-time revised      **Referred to CPT**  
**Referred to CPT Asst** ☒      **Published in CPT Asst:** Jan 2018      **Result:** PE Only

## Status Report: CMS Requests and Relativity Assessment Issues

**26755** Closed treatment of distal phalangeal fracture, finger or thumb; with manipulation, each **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

**Most Recent RUC Meeting:** April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2019 est Medicare Utilization:** 522 **2007 Work RVU:** 3.15 **2020 Work RVU:** 3.23 **2007 NF PE RVU:** 4.27 **2020 NF PE RVU:** 5.29 **2007 Fac PE RVU** 3 **2020 Fac PE RVU:**4.04

**RUC Recommendation:** PE Clinical staff pre-time revised

**Referred to CPT**

**Referred to CPT Asst** ☒

**Published in CPT Asst:** Jan 2018

**Result:** PE Only

**26770** Closed treatment of interphalangeal joint dislocation, single, with manipulation; without anesthesia **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

**Most Recent RUC Meeting:** April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2019 est Medicare Utilization:** 5,900 **2007 Work RVU:** 3.07 **2020 Work RVU:** 3.15 **2007 NF PE RVU:** 3.3 **2020 NF PE RVU:** 4.33 **2007 Fac PE RVU** 2.44 **2020 Fac PE RVU:**3.66

**RUC Recommendation:** PE Clinical staff pre-time revised

**Referred to CPT**

**Referred to CPT Asst** ☒

**Published in CPT Asst:** Jan 2018

**Result:** PE Only

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

**Most Recent RUC Meeting:** February 2009 **Tab** 05 **Specialty Developing Recommendation:** ACS, AAOS **First Identified:** September 2007 **2019 est Medicare Utilization:** 339 **2007 Work RVU:** 6.44 **2020 Work RVU:** 8.85 **2007 NF PE RVU:** NA **2020 NF PE RVU:** NA **2007 Fac PE RVU** 4.76 **2020 Fac PE RVU:**6.88

**RUC Recommendation:** 8.74

**Referred to CPT** June 2008

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**Result:** Increase

# Status Report: CMS Requests and Relativity Assessment Issues

## 27062 Excision; trochanteric bursa or calcification

Global: 090

Issue: Trochanteric Bursa  
Excision

Screen: Site of Service Anomaly

Complete? Yes

Most Recent  
RUC Meeting: April 2008

Tab 32 Specialty Developing  
Recommendation: AAOS

First  
Identified: September 2007

2019 est  
Medicare  
Utilization: 1,884

2007 Work RVU: 5.66

2020 Work RVU: 5.75

2007 NF PE RVU: NA

2020 NF PE RVU: NA

2007 Fac PE RVU 5.05

2020 Fac PE RVU:6.22

Result: Maintain

RUC Recommendation: 5.66

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

## 27096 Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed

Global: 000

Issue: Injection for Sacroiliac Joint

Screen: Different Performing  
Specialty from Survey

Complete? Yes

Most Recent  
RUC Meeting: April 2011

Tab 06 Specialty Developing  
Recommendation: AAPM,  
AAPMR,  
ASA, ASIPP,  
ISIS, NASS

First  
Identified: October 2009

2019 est  
Medicare  
Utilization: 489,612

2007 Work RVU: 1.40

2020 Work RVU: 1.48

2007 NF PE RVU: 3.88

2020 NF PE RVU: 3.00

2007 Fac PE RVU 0.33

2020 Fac PE RVU:0.78

RUC Recommendation: 1.48

Referred to CPT February 2011

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Decrease

## 27130 Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft

Global: 090

Issue: Hip/Knee Arthroplasty

Screen: CMS High Expenditure  
Procedural Codes1 /  
CMS Request - Final  
Rule for 2019

Complete? Yes

Most Recent  
RUC Meeting: October 2019

Tab 11 Specialty Developing  
Recommendation: AAOS,  
AAHKS

First  
Identified: September 2011

2019 est  
Medicare  
Utilization: 169,584

2007 Work RVU: 21.61

2020 Work RVU: 20.72

2007 NF PE RVU: NA

2020 NF PE RVU: NA

2007 Fac PE RVU 12.96

2020 Fac PE RVU:14.38

Result: Decrease

RUC Recommendation: 19.60

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

## Status Report: CMS Requests and Relativity Assessment Issues

<b>27134</b>	<b>Revision of total hip arthroplasty; both components, with or without autograft or allograft</b>	<b>Global:</b> 090	<b>Issue:</b> RAW	<b>Screen:</b> Pre-Time Analysis	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2014	<b>Tab</b> 21	<b>Specialty Developing Recommendation:</b> AAOS, AAHKS	<b>First Identified:</b> January 2014	<b>2019 est Medicare Utilization:</b> 10,863	<b>2007 Work RVU:</b> 30.13 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 17.08 <b>Result:</b> Maintain
<b>RUC Recommendation:</b> Maintain work RVU and adjust the times from pre-time package 4.			<b>Referred to CPT</b>	<b>2020 Work RVU:</b> 30.28	<b>2020 NF PE RVU:</b> NA
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Fac PE RVU:</b> 19.15
<hr/>					
<b>27193</b>	<b>Closed treatment of pelvic ring fracture, dislocation, diastasis or subluxation; without manipulation</b>	<b>Global:</b>	<b>Issue:</b> Closed Treatment of Pelvic Ring Fracture	<b>Screen:</b> CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 07	<b>Specialty Developing Recommendation:</b> AAOS	<b>First Identified:</b> July 2013	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> 5.98 <b>2007 NF PE RVU:</b> 4.98 <b>2007 Fac PE RVU:</b> 4.98 <b>Result:</b> Deleted from CPT
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> October 2015	<b>2020 Work RVU:</b>	<b>2020 NF PE RVU:</b>
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Fac PE RVU:</b>
<hr/>					
<b>27194</b>	<b>Closed treatment of pelvic ring fracture, dislocation, diastasis or subluxation; with manipulation, requiring more than local anesthesia</b>	<b>Global:</b>	<b>Issue:</b> Closed Treatment of Pelvic Ring Fracture	<b>Screen:</b> CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 07	<b>Specialty Developing Recommendation:</b> AAOS	<b>First Identified:</b> October 2015	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> 10.08 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 7.4 <b>Result:</b> Deleted from CPT
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b>	<b>2020 Work RVU:</b>	<b>2020 NF PE RVU:</b>
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Fac PE RVU:</b>

## Status Report: CMS Requests and Relativity Assessment Issues

27197	Closed treatment of posterior pelvic ring fracture(s), dislocation(s), diastasis or subluxation of the ilium, sacroiliac joint, and/or sacrum, with or without anterior pelvic ring fracture(s) and/or dislocation(s) of the pubic symphysis and/or superior/inferior rami, unilateral or bilateral; without manipulation	Global: 000	Issue: Closed Treatment of Pelvic Ring Fracture	Screen: CMS Request - Final Rule for 2014	Complete? Yes	
Most Recent RUC Meeting: January 2016	Tab 07	Specialty Developing Recommendation: AAOS	First Identified: October 2015	2019 est Medicare Utilization: 11,080	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2020 Work RVU: 1.53 2020 NF PE RVU: NA 2020 Fac PE RVU: 1.85
RUC Recommendation: 5.50			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
27198	Closed treatment of posterior pelvic ring fracture(s), dislocation(s), diastasis or subluxation of the ilium, sacroiliac joint, and/or sacrum, with or without anterior pelvic ring fracture(s) and/or dislocation(s) of the pubic symphysis and/or superior/inferior rami, unilateral or bilateral; with manipulation, requiring more than local anesthesia (ie, general anesthesia, moderate sedation, spinal/epidural)	Global: 000	Issue: Closed Treatment of Pelvic Ring Fracture	Screen: CMS Request - Final Rule for 2014	Complete? Yes	
Most Recent RUC Meeting: January 2016	Tab 07	Specialty Developing Recommendation: AAOS	First Identified: October 2015	2019 est Medicare Utilization: 206	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2020 Work RVU: 4.75 2020 NF PE RVU: NA 2020 Fac PE RVU: 3.30
RUC Recommendation: 9.00			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
27220	Closed treatment of acetabulum (hip socket) fracture(s); without manipulation	Global: 090	Issue: Closed Treatment Fracture - Hip	Screen: Negative IWPUT	Complete? Yes	
Most Recent RUC Meeting: April 2018	Tab 08	Specialty Developing Recommendation: AAOS	First Identified: April 2017	2019 est Medicare Utilization: 3,070	2007 Work RVU: 6.72 2007 NF PE RVU: 5.61 2007 Fac PE RVU 5.52 Result: Decrease	2020 Work RVU: 5.50 2020 NF PE RVU: 5.83 2020 Fac PE RVU: 5.66
RUC Recommendation: 6.00			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

## Status Report: CMS Requests and Relativity Assessment Issues

**27230** Closed treatment of femoral fracture, proximal end, neck; without manipulation **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

**Most Recent** **Tab** 46 **Specialty Developing** AAOS, **First** **2019 est** **2007 Work RVU:** 5.69 **2020 Work RVU:** 5.81  
**RUC Meeting:** April 2016 **Recommendation:** ACEP, and **Identified:** October 2015 **Medicare** **2007 NF PE RVU:** 5.38 **2020 NF PE RVU:** 6.95  
**Utilization:** 1,509 **2007 Fac PE RVU** 5.06 **2020 Fac PE RVU:**6.74

**RUC Recommendation:** PE Clinical staff pre-time revised

**Referred to CPT**

**Referred to CPT Asst** ☒

**Published in CPT Asst:** Jan 2018

**Result:** PE Only

**27232** Closed treatment of femoral fracture, proximal end, neck; with manipulation, with or without skeletal traction **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

**Most Recent** **Tab** 46 **Specialty Developing** AAOS, **First** **2019 est** **2007 Work RVU:** 11.66 **2020 Work RVU:** 11.72  
**RUC Meeting:** April 2016 **Recommendation:** ACEP, and **Identified:** October 2015 **Medicare** **2007 NF PE RVU:** NA **2020 NF PE RVU:** NA  
**Utilization:** 194 **2007 Fac PE RVU** 6.88 **2020 Fac PE RVU:**7.57

**RUC Recommendation:** PE Clinical staff pre-time revised

**Referred to CPT**

**Referred to CPT Asst** ☒

**Published in CPT Asst:** Jan 2018

**Result:** PE Only

**27236** Open treatment of femoral fracture, proximal end, neck, internal fixation or prosthetic replacement **Global:** 090 **Issue:** Open Treatment of Femoral Fracture **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

**Most Recent** **Tab** 16 **Specialty Developing** AAOS **First** **2019 est** **2007 Work RVU:** 17.43 **2020 Work RVU:** 17.61  
**RUC Meeting:** October 2012 **Recommendation:** **Identified:** September 2011 **Medicare** **2007 NF PE RVU:** NA **2020 NF PE RVU:** NA  
**Utilization:** 57,280 **2007 Fac PE RVU** 10.85 **2020 Fac PE RVU:**13.47

**RUC Recommendation:** 17.61

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**Result:** Maintain



## Status Report: CMS Requests and Relativity Assessment Issues

**27240** Closed treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with manipulation, with or without skin or skeletal traction **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

**Most Recent RUC Meeting:** April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2019 est Medicare Utilization:** 260

**2007 Work RVU:** 13.66 **2020 Work RVU:** 13.81  
**2007 NF PE RVU:** NA **2020 NF PE RVU:** NA  
**2007 Fac PE RVU:** 9.13 **2020 Fac PE RVU:** 11.02

**RUC Recommendation:** PE Clinical staff pre-time revised

**Referred to CPT**

**Referred to CPT Asst** ☒

**Published in CPT Asst:** Jan 2018

**Result:** PE Only

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

**Most Recent RUC Meeting:** October 2008 **Tab** 12 **Specialty Developing Recommendation:** AAOS **First Identified:** April 2008 **2019 est Medicare Utilization:** 5,947

**2007 Work RVU:** 17.08 **2020 Work RVU:** 18.18  
**2007 NF PE RVU:** NA **2020 NF PE RVU:** NA  
**2007 Fac PE RVU:** 10.91 **2020 Fac PE RVU:** 13.78

**RUC Recommendation:** 18.00

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**Result:** Increase

**27245** Treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with intramedullary implant, with or without interlocking screws and/or cerclage **Global:** 090 **Issue:** Treat Thigh Fracture **Screen:** High IWPUT / CMS Fastest Growing **Complete?** Yes

**Most Recent RUC Meeting:** October 2008 **Tab** 12 **Specialty Developing Recommendation:** AAOS **First Identified:** February 2008 **2019 est Medicare Utilization:** 83,430

**2007 Work RVU:** 21.09 **2020 Work RVU:** 18.18  
**2007 NF PE RVU:** NA **2020 NF PE RVU:** NA  
**2007 Fac PE RVU:** 13.19 **2020 Fac PE RVU:** 13.77

**RUC Recommendation:** 18.00

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**Result:** Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

<b>27250</b>	<b>Closed treatment of hip dislocation, traumatic; without anesthesia</b>	<b>Global:</b> 000	<b>Issue:</b> Closed Treatment of Hip Dislocation	<b>Screen:</b> Site of Service Anomaly	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2008	<b>Tab</b> 18	<b>Specialty Developing Recommendation:</b> ACEP	<b>First Identified:</b> September 2007	<b>2019 est Medicare Utilization:</b> 3,180	<b>2007 Work RVU:</b> 7.21 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 4.54 <b>Result:</b> Decrease <b>2020 Work RVU:</b> 3.82 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 0.74
<b>RUC Recommendation:</b> 3.82			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
<hr/>					
<b>27252</b>	<b>Closed treatment of hip dislocation, traumatic; requiring anesthesia</b>	<b>Global:</b> 090	<b>Issue:</b> PE Subcommittee	<b>Screen:</b> Emergent Procedures	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab</b> 46	<b>Specialty Developing Recommendation:</b> AAOS, ACEP, and orthopaedic subspecialties	<b>First Identified:</b> October 2015	<b>2019 est Medicare Utilization:</b> 762	<b>2007 Work RVU:</b> 10.92 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 7.21 <b>2020 Work RVU:</b> 11.03 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 8.62
<b>RUC Recommendation:</b> PE Clinical staff pre-time revised			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Jan 2018	<b>Result:</b> PE Only
<hr/>					
<b>27265</b>	<b>Closed treatment of post hip arthroplasty dislocation; without anesthesia</b>	<b>Global:</b> 090	<b>Issue:</b> PE Subcommittee	<b>Screen:</b> Emergent Procedures	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab</b> 46	<b>Specialty Developing Recommendation:</b> AAOS, ACEP, and orthopaedic subspecialties	<b>First Identified:</b> October 2015	<b>2019 est Medicare Utilization:</b> 8,333	<b>2007 Work RVU:</b> 5.12 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 4.59 <b>2020 Work RVU:</b> 5.24 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 5.38
<b>RUC Recommendation:</b> PE Clinical staff pre-time revised			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Jan 2018	<b>Result:</b> PE Only

# Status Report: CMS Requests and Relativity Assessment Issues

**27266** Closed treatment of post hip arthroplasty dislocation; requiring regional or general anesthesia **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

**Most Recent RUC Meeting:** April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2019 est Medicare Utilization:** 5,456 **2007 Work RVU:** 7.67 **2020 Work RVU:** 7.78 **2007 NF PE RVU:** NA **2020 NF PE RVU:** NA **2007 Fac PE RVU:** 6.15 **2020 Fac PE RVU:** 7.51

**RUC Recommendation:** PE Clinical staff pre-time revised **Referred to CPT** **Referred to CPT Asst** ☒ **Published in CPT Asst:** Jan 2018 **Result:** PE Only

**27279** Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device **Global:** 090 **Issue:** Arthrodesis - Sacroiliac Joint **Screen:** CMS Request - Final Rule for 2018 **Complete?** Yes

**Most Recent RUC Meeting:** April 2018 **Tab** 09 **Specialty Developing Recommendation:** AANS, AAOS, CNS, ISASS, NASS **First Identified:** July 2017 **2019 est Medicare Utilization:** 3,753 **2007 Work RVU:** **2020 Work RVU:** 12.13 **2007 NF PE RVU:** **2020 NF PE RVU:** NA **2007 Fac PE RVU:** **2020 Fac PE RVU:** 9.96 **Result:** Maintain

**RUC Recommendation:** 9.03 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**27324** Biopsy, soft tissue of thigh or knee area; deep (subfascial or intramuscular) **Global:** 090 **Issue:** Soft Tissue Biopsy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

**Most Recent RUC Meeting:** September 2007 **Tab** 16 **Specialty Developing Recommendation:** ACS, AAOS **First Identified:** September 2007 **2019 est Medicare Utilization:** 814 **2007 Work RVU:** 4.95 **2020 Work RVU:** 5.04 **2007 NF PE RVU:** NA **2020 NF PE RVU:** NA **2007 Fac PE RVU:** 4.1 **2020 Fac PE RVU:** 5.50 **Result:** PE Only

**RUC Recommendation:** Reduce 99238 to 0.5 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

<b>27369</b>	Injection procedure for contrast knee arthrography or contrast enhanced CT/MRI knee arthrography	<b>Global:</b> 000	<b>Issue:</b> Knee Arthrography Injection	<b>Screen:</b> Harvard Valued - Utilization Over 30,000-Part2 / High Volume Growth3 / CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2017	<b>Tab</b> 05 <b>Specialty Developing Recommendation:</b> ACR	<b>First Identified:</b> June 2017	<b>2019 est Medicare Utilization:</b> 60,267	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU</b> <b>Result:</b> Maintain	<b>2020 Work RVU:</b> 0.77 <b>2020 NF PE RVU:</b> 3.62 <b>2020 Fac PE RVU:</b> 0.32
<b>RUC Recommendation:</b> 0.96		<b>Referred to CPT</b> February 2018 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>					
<b>27370</b>	Injection of contrast for knee arthrography	<b>Global:</b>	<b>Issue:</b> Knee Arthrography Injection	<b>Screen:</b> High Volume Growth1 / CMS Fastest Growing / High Volume Growth2 / Harvard Valued - Utilization Over 30,000-Part2 / High Volume Growth3 / CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2017	<b>Tab</b> 05 <b>Specialty Developing Recommendation:</b> ACR	<b>First Identified:</b> February 2008	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> 0.96 <b>2007 NF PE RVU:</b> 3.47 <b>2007 Fac PE RVU</b> 0.32 <b>Result:</b> Deleted from CPT	<b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> June 2017 <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Clinical Examples of Radiology Bulletin #1 2010		

## Status Report: CMS Requests and Relativity Assessment Issues

<b>27446</b>	Arthroplasty, knee, condyle and plateau; medial OR lateral compartment	<b>Global:</b> 090	<b>Issue:</b> Arthroplasty	<b>Screen:</b> CMS High Expenditure Procedural Codes1 / Harvard-Valued with Annual Allowed Charges Greater than \$10 million	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2013	<b>Tab</b> 20	<b>Specialty Developing Recommendation:</b> AAOS, AAHKS	<b>First Identified:</b> September 2011	<b>2019 est Medicare Utilization:</b> 15,803	<b>2007 Work RVU:</b> 16.26 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU</b> 10.81 <b>Result:</b> Increase <b>2020 Work RVU:</b> 17.48 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 12.57
<b>RUC Recommendation:</b> 17.48			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
<b>27447</b>	Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)	<b>Global:</b> 090	<b>Issue:</b> Hip/Knee Arthroplasty	<b>Screen:</b> CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2019	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2019	<b>Tab</b> 11	<b>Specialty Developing Recommendation:</b> AAOS, AAHKS	<b>First Identified:</b> September 2011	<b>2019 est Medicare Utilization:</b> 312,130	<b>2007 Work RVU:</b> 23.04 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU</b> 14.14 <b>Result:</b> Decrease <b>2020 Work RVU:</b> 20.72 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 14.35
<b>RUC Recommendation:</b> 19.60			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
<b>27502</b>	Closed treatment of femoral shaft fracture, with manipulation, with or without skin or skeletal traction	<b>Global:</b> 090	<b>Issue:</b> PE Subcommittee	<b>Screen:</b> Emergent Procedures	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab</b> 46	<b>Specialty Developing Recommendation:</b> AAOS, ACEP, and orthopaedic subspecialties	<b>First Identified:</b> October 2015	<b>2019 est Medicare Utilization:</b> 385	<b>2007 Work RVU:</b> 11.24 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU</b> 7.82 <b>Result:</b> PE Only <b>2020 Work RVU:</b> 11.36 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 8.35
<b>RUC Recommendation:</b> PE Clinical staff pre-time revised			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Jan 2018	

## Status Report: CMS Requests and Relativity Assessment Issues

**27510** Closed treatment of femoral fracture, distal end, medial or lateral condyle, with manipulation      **Global:** 090      **Issue:** PE Subcommittee      **Screen:** Emergent Procedures      **Complete?** Yes

**Most Recent RUC Meeting:** April 2016

**Tab** 46

**Specialty Developing Recommendation:**

AAOS, ACEP, and orthopaedic subspecialties

**First Identified:** October 2015

**2019 est Medicare Utilization:** 386

**2007 Work RVU:** 9.68

**2020 Work RVU:** 9.80

**2007 NF PE RVU:** NA

**2020 NF PE RVU:** NA

**2007 Fac PE RVU** 7.09

**2020 Fac PE RVU:**7.93

**RUC Recommendation:** PE Clinical staff pre-time revised

**Referred to CPT**

**Referred to CPT Asst** ☒

**Published in CPT Asst:** Jan 2018

**Result:** PE Only

**27550** Closed treatment of knee dislocation; without anesthesia

**Global:** 090

**Issue:** PE Subcommittee

**Screen:** Emergent Procedures

**Complete?** Yes

**Most Recent RUC Meeting:** April 2016

**Tab** 46

**Specialty Developing Recommendation:**

AAOS, ACEP, and orthopaedic subspecialties

**First Identified:** October 2015

**2019 est Medicare Utilization:** 531

**2007 Work RVU:** 5.84

**2020 Work RVU:** 5.98

**2007 NF PE RVU:** 5.84

**2020 NF PE RVU:** 7.89

**2007 Fac PE RVU** 4.85

**2020 Fac PE RVU:**6.80

**RUC Recommendation:** PE Clinical staff pre-time revised

**Referred to CPT**

**Referred to CPT Asst** ☒

**Published in CPT Asst:** Jan 2018

**Result:** PE Only

**27552** Closed treatment of knee dislocation; requiring anesthesia

**Global:** 090

**Issue:** PE Subcommittee

**Screen:** Emergent Procedures

**Complete?** Yes

**Most Recent RUC Meeting:** April 2016

**Tab** 46

**Specialty Developing Recommendation:**

AAOS, ACEP, and orthopaedic subspecialties

**First Identified:** October 2015

**2019 est Medicare Utilization:** 269

**2007 Work RVU:** 8.04

**2020 Work RVU:** 8.18

**2007 NF PE RVU:** NA

**2020 NF PE RVU:** NA

**2007 Fac PE RVU** 6.75

**2020 Fac PE RVU:**8.35

**RUC Recommendation:** PE Clinical staff pre-time revised

**Referred to CPT**

**Referred to CPT Asst** ☒

**Published in CPT Asst:** Jan 2018

**Result:** PE Only

# Status Report: CMS Requests and Relativity Assessment Issues

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

**Most Recent RUC Meeting:** February 2009 **Tab** 6 **Specialty Developing Recommendation:** ACS, AAOS **First Identified:** September 2007 **2019 est Medicare Utilization:** 211 **2007 Work RVU:** 12.93 **2020 Work RVU:** 15.72 **2007 NF PE RVU:** NA **2020 NF PE RVU:** NA **2007 Fac PE RVU:** 9.07 **2020 Fac PE RVU:** 10.77 **Result:** Increase

**RUC Recommendation:** 15.54 **Referred to CPT** June 2008 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

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

**Most Recent RUC Meeting:** February 2009 **Tab** 5 **Specialty Developing Recommendation:** ACS, AAOS **First Identified:** September 2007 **2019 est Medicare Utilization:** 552 **2007 Work RVU:** 8.47 **2020 Work RVU:** 6.91 **2007 NF PE RVU:** 9.65 **2020 NF PE RVU:** NA **2007 Fac PE RVU:** 5.79 **2020 Fac PE RVU:** 5.35 **Result:** Decrease

**RUC Recommendation:** 6.80 **Referred to CPT** June 2008 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

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

**Most Recent RUC Meeting:** February 2008 **Tab** 19 **Specialty Developing Recommendation:** AOFAS, AAOS **First Identified:** September 2007 **2019 est Medicare Utilization:** 1,673 **2007 Work RVU:** 12.10 **2020 Work RVU:** 12.24 **2007 NF PE RVU:** NA **2020 NF PE RVU:** NA **2007 Fac PE RVU:** 9.79 **2020 Fac PE RVU:** 9.59 **Result:** Maintain

**RUC Recommendation:** 12.10 **Referred to CPT** June 2008 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

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

**Most Recent RUC Meeting:** February 2008 **Tab** 19 **Specialty Developing Recommendation:** AOFAS, AAOS **First Identified:** February 2008 **2019 est Medicare Utilization:** 905 **2007 Work RVU:** 9.73 **2020 Work RVU:** 9.84 **2007 NF PE RVU:** NA **2020 NF PE RVU:** NA **2007 Fac PE RVU:** 7.96 **2020 Fac PE RVU:** 7.66 **Result:** Decrease

**RUC Recommendation:** 9.72 **Referred to CPT** June 2008 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

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

**Most Recent** **Tab** 20 **Specialty Developing** AAOS, **First** **2019 est** **2007 Work RVU:** 9.94 **2020 Work RVU:** 9.21  
**RUC Meeting:** February 2008 **Recommendation:** AOFAS, **Identified:** September 2007 **Medicare** **2007 NF PE RVU:** NA **2020 NF PE RVU:** NA  
 APMA **Utilization:** 2,516 **2007 Fac PE RVU** 7.22 **2020 Fac PE RVU:**8.33  
**RUC Recommendation:** 9.00 **Referred to CPT** **Result:** Decrease  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

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

**Most Recent** **Tab** 33 **Specialty Developing** AOFAS, **First** **2019 est** **2007 Work RVU:** 10.32 **2020 Work RVU:** 10.53  
**RUC Meeting:** April 2008 **Recommendation:** APMA, AAOS **Identified:** September 2007 **Medicare** **2007 NF PE RVU:** NA **2020 NF PE RVU:** NA  
**Utilization:** 3,117 **2007 Fac PE RVU** 6.86 **2020 Fac PE RVU:**8.51  
**RUC Recommendation:** 10.32 **Referred to CPT** **Result:** Maintain  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

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

**Most Recent** **Tab** 16 **Specialty Developing** AAOS **First** **2019 est** **2007 Work RVU:** 6.57 **2020 Work RVU:** 6.69  
**RUC Meeting:** September 2007 **Recommendation:** **Identified:** September 2007 **Medicare** **2007 NF PE RVU:** 7.68 **2020 NF PE RVU:** 11.44  
**Utilization:** 4,084 **2007 Fac PE RVU** 5.26 **2020 Fac PE RVU:**5.78  
**RUC Recommendation:** Reduce 99238 to 0.5 **Referred to CPT** **Result:** PE Only  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

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

**Most Recent** **Tab** 16 **Specialty Developing** AAOS **First** **2019 est** **2007 Work RVU:** 6.30 **2020 Work RVU:** 6.41  
**RUC Meeting:** September 2007 **Recommendation:** **Identified:** September 2007 **Medicare** **2007 NF PE RVU:** NA **2020 NF PE RVU:** NA  
**Utilization:** 7,093 **2007 Fac PE RVU** 5.12 **2020 Fac PE RVU:**5.76  
**RUC Recommendation:** Reduce 99238 to 0.5 **Referred to CPT** **Result:** PE Only  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**



# Status Report: CMS Requests and Relativity Assessment Issues

<b>27690</b>	<b>Transfer or transplant of single tendon (with muscle redirection or rerouting); superficial (eg, anterior tibial extensors into midfoot)</b>	<b>Global:</b> 090	<b>Issue:</b> Tendon Transfer	<b>Screen:</b> Site of Service Anomaly	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2008	<b>Tab</b> 34	<b>Specialty Developing Recommendation:</b> AOFAS, APMA, AAOS	<b>First Identified:</b> September 2007	<b>2019 est Medicare Utilization:</b> 1,376	<b>2007 Work RVU:</b> 8.96 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 6.15 <b>2020 Work RVU:</b> 9.17 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 7.95
<b>RUC Recommendation:</b> 8.96			<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>
<hr/>					
<b>27691</b>	<b>Transfer or transplant of single tendon (with muscle redirection or rerouting); deep (eg, anterior tibial or posterior tibial through interosseous space, flexor digitorum longus, flexor hallucis longus, or peroneal tendon to midfoot or hindfoot)</b>	<b>Global:</b> 090	<b>Issue:</b> Tendon Transfer	<b>Screen:</b> Site of Service Anomaly	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2008	<b>Tab</b> 34	<b>Specialty Developing Recommendation:</b> AOFAS, APMA, AAOS	<b>First Identified:</b> September 2007	<b>2019 est Medicare Utilization:</b> 4,579	<b>2007 Work RVU:</b> 10.28 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 7.51 <b>2020 Work RVU:</b> 10.49 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 9.27
<b>RUC Recommendation:</b> 10.28			<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>
<hr/>					
<b>27752</b>	<b>Closed treatment of tibial shaft fracture (with or without fibular fracture); with manipulation, with or without skeletal traction</b>	<b>Global:</b> 090	<b>Issue:</b> PE Subcommittee	<b>Screen:</b> Emergent Procedures	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab</b> 46	<b>Specialty Developing Recommendation:</b> AAOS, ACEP, and orthopaedic subspecialties	<b>First Identified:</b> October 2015	<b>2019 est Medicare Utilization:</b> 1,229	<b>2007 Work RVU:</b> 6.15 <b>2007 NF PE RVU:</b> 6.48 <b>2007 Fac PE RVU:</b> 5.54 <b>2020 Work RVU:</b> 6.27 <b>2020 NF PE RVU:</b> 7.91 <b>2020 Fac PE RVU:</b> 6.68
<b>RUC Recommendation:</b> PE Clinical staff pre-time revised			<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Jan 2018
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# Status Report: CMS Requests and Relativity Assessment Issues

**27762** Closed treatment of medial malleolus fracture; with manipulation, with or without skin or skeletal traction **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

**Most Recent RUC Meeting:** April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2019 est Medicare Utilization:** 369 **2007 Work RVU:** 5.33 **2020 Work RVU:** 5.47 **2007 NF PE RVU:** 6.14 **2020 NF PE RVU:** 7.25 **2007 Fac PE RVU:** 5.14 **2020 Fac PE RVU:** 5.98

**RUC Recommendation:** PE Clinical staff pre-time revised

**Referred to CPT**

**Referred to CPT Asst** ☒

**Published in CPT Asst:** Jan 2018

**Result:** PE Only

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

**Most Recent RUC Meeting:** February 2011 **Tab** 18 **Specialty Developing Recommendation:** AAOS, AOFAS, **First Identified:** June 2010 **2019 est Medicare Utilization:** 7,279 **2007 Work RVU:** 7.91 **2020 Work RVU:** 8.75 **2007 NF PE RVU:** NA **2020 NF PE RVU:** NA **2007 Fac PE RVU:** 6.71 **2020 Fac PE RVU:** 8.32

**RUC Recommendation:** 9.71

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**Result:** Maintain

**27810** Closed treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli or medial and posterior malleoli); with manipulation **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

**Most Recent RUC Meeting:** April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2019 est Medicare Utilization:** 2,962 **2007 Work RVU:** 5.20 **2020 Work RVU:** 5.32 **2007 NF PE RVU:** 6.05 **2020 NF PE RVU:** 7.13 **2007 Fac PE RVU:** 5.02 **2020 Fac PE RVU:** 5.85

**RUC Recommendation:** PE Clinical staff pre-time revised

**Referred to CPT**

**Referred to CPT Asst** ☒

**Published in CPT Asst:** Jan 2018

**Result:** PE Only

# Status Report: CMS Requests and Relativity Assessment Issues

<b>27814</b>	Open treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli, or medial and posterior malleoli), includes internal fixation, when performed	<b>Global:</b> 090	<b>Issue:</b> RAW	<b>Screen:</b> Pre-Time Analysis	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2014	<b>Tab</b> 21 <b>Specialty Developing Recommendation:</b> AAOS	<b>First Identified:</b> January 2014	<b>2019 est Medicare Utilization:</b> 10,858	<b>2007 Work RVU:</b> 11.10 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 8.25 <b>Result:</b> Maintain	<b>2020 Work RVU:</b> 10.62 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 9.53
<b>RUC Recommendation:</b> Maintain work RVU and adjust the times from pre-time package 3.		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>	
<b>27818</b>	Closed treatment of trimalleolar ankle fracture; with manipulation	<b>Global:</b> 090	<b>Issue:</b> Treatment of Fracture	<b>Screen:</b> Site of Service Anomaly (99238-Only) / Emergent Procedures	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab</b> 46 <b>Specialty Developing Recommendation:</b> AAOS, ACEP, and orthopaedic subspecialties	<b>First Identified:</b> September 2007	<b>2019 est Medicare Utilization:</b> 3,490	<b>2007 Work RVU:</b> 5.57 <b>2007 NF PE RVU:</b> 6.14 <b>2007 Fac PE RVU:</b> 5	<b>2020 Work RVU:</b> 5.69 <b>2020 NF PE RVU:</b> 7.21 <b>2020 Fac PE RVU:</b> 5.76
<b>RUC Recommendation:</b> PE Clinical staff pre-time revised		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>		<b>Result:</b> PE Only <b>Published in CPT Asst:</b> Jan 2018	
<b>27825</b>	Closed treatment of fracture of weight bearing articular portion of distal tibia (eg, pilon or tibial plafond), with or without anesthesia; with skeletal traction and/or requiring manipulation	<b>Global:</b> 090	<b>Issue:</b> PE Subcommittee	<b>Screen:</b> Emergent Procedures	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab</b> 46 <b>Specialty Developing Recommendation:</b> AAOS, ACEP, and orthopaedic subspecialties	<b>First Identified:</b> October 2015	<b>2019 est Medicare Utilization:</b> 659	<b>2007 Work RVU:</b> 6.60 <b>2007 NF PE RVU:</b> 6.42 <b>2007 Fac PE RVU:</b> 5.25	<b>2020 Work RVU:</b> 6.69 <b>2020 NF PE RVU:</b> 7.76 <b>2020 Fac PE RVU:</b> 6.29
<b>RUC Recommendation:</b> PE Clinical staff pre-time revised		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>		<b>Result:</b> PE Only <b>Published in CPT Asst:</b> Jan 2018	

# Status Report: CMS Requests and Relativity Assessment Issues

**27840** Closed treatment of ankle dislocation; without anesthesia

**Global:** 090

**Issue:** PE Subcommittee

**Screen:** Emergent Procedures

**Complete?** Yes

**Most Recent RUC Meeting:** April 2016

**Tab** 46

**Specialty Developing Recommendation:**

AAOS, ACEP, and orthopaedic subspecialties

**First Identified:** October 2015

**2019 est Medicare Utilization:** 2,234

**2007 Work RVU:** 4.65

**2020 Work RVU:** 4.77

**2007 NF PE RVU:** NA

**2020 NF PE RVU:** NA

**2007 Fac PE RVU:** 3.73

**2020 Fac PE RVU:** 5.16

**RUC Recommendation:** PE Clinical staff pre-time revised

**Referred to CPT**

**Referred to CPT Asst** ☒

**Published in CPT Asst:** Jan 2018

**Result:** PE Only

**28001** Incision and drainage, bursa, foot

**Global:** 010

**Issue:** Treatment of Foot Infection

**Screen:** 010-Day Global Post-Operative Visits2

**Complete?** No

**Most Recent RUC Meeting:**

**Tab**

**Specialty Developing Recommendation:**

AAOS, AOFAS, APMA

**First Identified:** April 2020

**2019 est Medicare Utilization:** 3,770

**2007 Work RVU:** 2.75

**2020 Work RVU:** 2.78

**2007 NF PE RVU:**

**2020 NF PE RVU:** 5.01

**2007 Fac PE RVU**

**2020 Fac PE RVU:** 1.89

**RUC Recommendation:** Survey

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**Result:**

**28002** Incision and drainage below fascia, with or without tendon sheath involvement, foot; single bursal space

**Global:** 010

**Issue:** Treatment of Foot Infection

**Screen:** 010-Day Global Post-Operative Visits2

**Complete?** No

**Most Recent RUC Meeting:** January 2020

**Tab** 37

**Specialty Developing Recommendation:**

AAOS, AOFAS, APMA

**First Identified:** January 2014

**2019 est Medicare Utilization:** 6,661

**2007 Work RVU:** 5.78

**2020 Work RVU:** 5.34

**2007 NF PE RVU:** 5.44

**2020 NF PE RVU:** 6.86

**2007 Fac PE RVU:** 3.74

**2020 Fac PE RVU:** 3.31

**RUC Recommendation:** Survey

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**Result:** Maintain

**28003** Incision and drainage below fascia, with or without tendon sheath involvement, foot; multiple areas

**Global:** 090

**Issue:** Treatment of Foot Infection

**Screen:** 010-Day Global Post-Operative Visits2

**Complete?** No

**Most Recent RUC Meeting:**

**Tab**

**Specialty Developing Recommendation:**

AAOS, AOFAS, APMA

**First Identified:** April 2020

**2019 est Medicare Utilization:** 5,470

**2007 Work RVU:** 8.95

**2020 Work RVU:** 9.06

**2007 NF PE RVU:**

**2020 NF PE RVU:** 10.19

**2007 Fac PE RVU**

**2020 Fac PE RVU:** 6.15

**RUC Recommendation:** Survey

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**Result:**

# Status Report: CMS Requests and Relativity Assessment Issues

**28111** Osteotomy, complete excision; first metatarsal head

Global: 090

Issue: Osteotomy

Screen: Site of Service Anomaly (99238-Only)

Complete? Yes

Most Recent  
RUC Meeting: September 2007

Tab 16

Specialty Developing  
Recommendation: APMA, AAOS

First  
Identified: September 2007

2019 est  
Medicare  
Utilization: 1,069

2007 Work RVU: 5.06

2020 Work RVU: 5.15

2007 NF PE RVU: 6.55

2020 NF PE RVU: 8.38

2007 Fac PE RVU 3.58

2020 Fac PE RVU:3.62

Result: PE Only

RUC Recommendation: Reduce 99238 to 0.5

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

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

Global: 090

Issue: Removal of Foot Bone

Screen: Site of Service Anomaly

Complete? Yes

Most Recent  
RUC Meeting: February 2011

Tab 19

Specialty Developing  
Recommendation: AOFAS, APMA, AAOS

First  
Identified: September 2007

2019 est  
Medicare  
Utilization: 5,154

2007 Work RVU: 5.64

2020 Work RVU: 7.31

2007 NF PE RVU: 7.5

2020 NF PE RVU: 11.27

2007 Fac PE RVU 4.31

2020 Fac PE RVU:6.07

Result: Increase

RUC Recommendation: 8.27

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

**28122** Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); tarsal or metatarsal bone, except talus or calcaneus

Global: 090

Issue: Removal of Foot Bone

Screen: Site of Service Anomaly

Complete? Yes

Most Recent  
RUC Meeting: February 2011

Tab 19

Specialty Developing  
Recommendation: AOFAS, APMA, AAOS

First  
Identified: September 2007

2019 est  
Medicare  
Utilization: 14,469

2007 Work RVU: 7.56

2020 Work RVU: 6.76

2007 NF PE RVU: 7.27

2020 NF PE RVU: 9.71

2007 Fac PE RVU 5.17

2020 Fac PE RVU:5.16

Result: Maintain

RUC Recommendation: 7.72

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

# Status Report: CMS Requests and Relativity Assessment Issues

<b>28124</b>	<b>Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); phalanx of toe</b>	<b>Global:</b> 090	<b>Issue:</b> Toe Removal	<b>Screen:</b> Site of Service Anomaly (99238-Only)	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2007	<b>Tab</b> 16	<b>Specialty Developing Recommendation:</b> APMA, AAOS	<b>First Identified:</b> September 2007	<b>2019 est Medicare Utilization:</b> 11,425	<b>2007 Work RVU:</b> 4.88 <b>2007 NF PE RVU:</b> 5.46 <b>2007 Fac PE RVU:</b> 3.62 <b>Result:</b> PE Only <b>2020 Work RVU:</b> 5.00 <b>2020 NF PE RVU:</b> 8.36 <b>2020 Fac PE RVU:</b> 4.11
<b>RUC Recommendation:</b> Remove 99238			<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>
<b>28285</b>	<b>Correction, hammertoe (eg, interphalangeal fusion, partial or total phalangectomy)</b>	<b>Global:</b> 090	<b>Issue:</b> Orthopaedic Surgery/Podiatry	<b>Screen:</b> Harvard Valued - Utilization over 30,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2010	<b>Tab</b> 31	<b>Specialty Developing Recommendation:</b> AAOS, AOFAS, APMA	<b>First Identified:</b> February 2010	<b>2019 est Medicare Utilization:</b> 71,537	<b>2007 Work RVU:</b> 4.65 <b>2007 NF PE RVU:</b> 5.34 <b>2007 Fac PE RVU:</b> 3.42 <b>Result:</b> Increase <b>2020 Work RVU:</b> 5.62 <b>2020 NF PE RVU:</b> 9.30 <b>2020 Fac PE RVU:</b> 4.76
<b>RUC Recommendation:</b> 5.62			<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>
<b>28289</b>	<b>Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; without implant</b>	<b>Global:</b> 090	<b>Issue:</b> Bunionectomy	<b>Screen:</b> 090-Day Global Post-Operative Visits	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 08	<b>Specialty Developing Recommendation:</b> AAOS, AOFAS, APMA	<b>First Identified:</b> October 2015	<b>2019 est Medicare Utilization:</b> 4,662	<b>2007 Work RVU:</b> 8.11 <b>2007 NF PE RVU:</b> 8.37 <b>2007 Fac PE RVU:</b> 5.68 <b>Result:</b> Decrease <b>2020 Work RVU:</b> 6.90 <b>2020 NF PE RVU:</b> 12.91 <b>2020 Fac PE RVU:</b> 5.54
<b>RUC Recommendation:</b> 6.90			<b>Referred to CPT</b> October 2015	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>
<b>28290</b>	<b>Correction, hallux valgus (bunion), with or without sesamoidectomy; simple exostectomy (eg, Silver type procedure)</b>	<b>Global:</b>	<b>Issue:</b> Bunionectomy	<b>Screen:</b> 090-Day Global Post-Operative Visits	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 08	<b>Specialty Developing Recommendation:</b> AAOS, AOFAS, APMA	<b>First Identified:</b> October 2015	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> 5.72 <b>2007 NF PE RVU:</b> 6.75 <b>2007 Fac PE RVU:</b> 4.55 <b>Result:</b> Deleted from CPT <b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> October 2015	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>

## Status Report: CMS Requests and Relativity Assessment Issues

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**28291** Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; with implant      **Global:** 090      **Issue:** Bunionectomy      **Screen:** 090-Day Global Post-Operative Visits      **Complete?** Yes

**Most Recent RUC Meeting:** January 2016      **Tab** 08      **Specialty Developing Recommendation:** AAOS, AOFAS, APMA      **First Identified:** October 2015      **2019 est Medicare Utilization:** 4,067      **2007 Work RVU:**      **2020 Work RVU:** 8.01  
**2007 NF PE RVU:**      **2020 NF PE RVU:** 12.29  
**2007 Fac PE RVU**      **2020 Fac PE RVU:** 5.34  
**Result:** Decrease

**RUC Recommendation:** 8.01      **Referred to CPT** October 2015  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

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**28292** Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with resection of proximal phalanx base, when performed, any method      **Global:** 090      **Issue:** Bunionectomy      **Screen:** 090-Day Global Post-Operative Visits      **Complete?** Yes

**Most Recent RUC Meeting:** January 2016      **Tab** 08      **Specialty Developing Recommendation:** AAOS, AOFAS, APMA      **First Identified:** October 2015      **2019 est Medicare Utilization:** 6,950      **2007 Work RVU:** 8.72      **2020 Work RVU:** 7.44  
**2007 NF PE RVU:** 8.21      **2020 NF PE RVU:** 12.73  
**2007 Fac PE RVU** 5.72      **2020 Fac PE RVU:** 5.77  
**Result:** Decrease

**RUC Recommendation:** 7.44      **Referred to CPT** October 2015  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

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**28293** Correction, hallux valgus (bunion), with or without sesamoidectomy; resection of joint with implant      **Global:**      **Issue:** Bunionectomy      **Screen:** 090-Day Global Post-Operative Visits      **Complete?** Yes

**Most Recent RUC Meeting:** January 2016      **Tab** 08      **Specialty Developing Recommendation:** AAOS, AOFAS, APMA      **First Identified:** January 2014      **2019 est Medicare Utilization:**      **2007 Work RVU:** 11.10      **2020 Work RVU:**  
**2007 NF PE RVU:** 11.72      **2020 NF PE RVU:**  
**2007 Fac PE RVU** 6.34      **2020 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT      **Referred to CPT** October 2015  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

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## Status Report: CMS Requests and Relativity Assessment Issues

<b>28294</b>	Correction, hallux valgus (bunion), with or without sesamoidectomy; with tendon transplants (eg, Joplin type procedure)	<b>Global:</b>	<b>Issue:</b> Bunionectomy	<b>Screen:</b> 090-Day Global Post-Operative Visits	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 08 <b>Specialty Developing Recommendation:</b> AAOS, AOFAS, APMA	<b>First Identified:</b> October 2015	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> 8.63 <b>2007 NF PE RVU:</b> 7.88 <b>2007 Fac PE RVU:</b> 4.7 <b>Result:</b> Deleted from CPT	<b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> October 2015 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>28295</b>	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with proximal metatarsal osteotomy, any method	<b>Global:</b> 090	<b>Issue:</b> Bunionectomy	<b>Screen:</b> 090-Day Global Post-Operative Visits	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 08 <b>Specialty Developing Recommendation:</b> AAOS, AOFAS, APMA	<b>First Identified:</b> October 2015	<b>2019 est Medicare Utilization:</b> 586	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease	<b>2020 Work RVU:</b> 8.57 <b>2020 NF PE RVU:</b> 19.00 <b>2020 Fac PE RVU:</b> 6.63
<b>RUC Recommendation:</b> 8.57		<b>Referred to CPT</b> October 2015 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>28296</b>	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with distal metatarsal osteotomy, any method	<b>Global:</b> 090	<b>Issue:</b> Bunionectomy	<b>Screen:</b> Site of Service Anomaly	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 08 <b>Specialty Developing Recommendation:</b> AAOS, AOFAS, APMA	<b>First Identified:</b> September 2007	<b>2019 est Medicare Utilization:</b> 9,559	<b>2007 Work RVU:</b> 9.31 <b>2007 NF PE RVU:</b> 8.54 <b>2007 Fac PE RVU:</b> 5.29 <b>Result:</b> Decrease	<b>2020 Work RVU:</b> 8.25 <b>2020 NF PE RVU:</b> 17.17 <b>2020 Fac PE RVU:</b> 5.80
<b>RUC Recommendation:</b> 8.25		<b>Referred to CPT</b> October 2015 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		



## Status Report: CMS Requests and Relativity Assessment Issues

<b>28297</b>	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with first metatarsal and medial cuneiform joint arthrodesis, any method	<b>Global:</b> 090	<b>Issue:</b> Bunionectomy	<b>Screen:</b> 090-Day Global Post-Operative Visits	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 08 <b>Specialty Developing Recommendation:</b> AAOS, AOFAS, APMA	<b>First Identified:</b> October 2015	<b>2019 est Medicare Utilization:</b> 2,793	<b>2007 Work RVU:</b> 9.31 <b>2007 NF PE RVU:</b> 9.34 <b>2007 Fac PE RVU:</b> 6.04 <b>Result:</b> Decrease	<b>2020 Work RVU:</b> 9.29 <b>2020 NF PE RVU:</b> 19.90 <b>2020 Fac PE RVU:</b> 7.02
<b>RUC Recommendation:</b> 9.29		<b>Referred to CPT</b> October 2015 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
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<b>28298</b>	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with proximal phalanx osteotomy, any method	<b>Global:</b> 090	<b>Issue:</b> Bunionectomy	<b>Screen:</b> Site of Service Anomaly (99238-Only)	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 08 <b>Specialty Developing Recommendation:</b> AAOS, AOFAS, APMA	<b>First Identified:</b> September 2007	<b>2019 est Medicare Utilization:</b> 2,903	<b>2007 Work RVU:</b> 8.01 <b>2007 NF PE RVU:</b> 7.74 <b>2007 Fac PE RVU:</b> 4.91 <b>Result:</b> Decrease	<b>2020 Work RVU:</b> 7.75 <b>2020 NF PE RVU:</b> 15.71 <b>2020 Fac PE RVU:</b> 5.74
<b>RUC Recommendation:</b> 7.75		<b>Referred to CPT</b> October 2015 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>					
<b>28299</b>	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with double osteotomy, any method	<b>Global:</b> 090	<b>Issue:</b> Bunionectomy	<b>Screen:</b> 090-Day Global Post-Operative Visits	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 08 <b>Specialty Developing Recommendation:</b> AAOS, AOFAS, APMA	<b>First Identified:</b> October 2015	<b>2019 est Medicare Utilization:</b> 4,743	<b>2007 Work RVU:</b> 11.39 <b>2007 NF PE RVU:</b> 9.24 <b>2007 Fac PE RVU:</b> 6.01 <b>Result:</b> Decrease	<b>2020 Work RVU:</b> 9.29 <b>2020 NF PE RVU:</b> 18.85 <b>2020 Fac PE RVU:</b> 6.55
<b>RUC Recommendation:</b> 9.29		<b>Referred to CPT</b> October 2015 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

# Status Report: CMS Requests and Relativity Assessment Issues

**28300** Osteotomy; calcaneus (eg, Dwyer or Chambers type procedure), with or without internal fixation **Global:** 090 **Issue:** Osteotomy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

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

**First Identified:** September 2007 **2019 est Medicare Utilization:** 2,519

**2007 Work RVU:** 9.61 **2020 Work RVU:** 9.73  
**2007 NF PE RVU:** NA **2020 NF PE RVU:** NA  
**2007 Fac PE RVU:** 6.81 **2020 Fac PE RVU:** 7.55  
**Result:** PE Only

**RUC Recommendation:** Reduce 99238 to 0.5

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

**28310** Osteotomy, shortening, angular or rotational correction; proximal phalanx, first toe (separate procedure) **Global:** 090 **Issue:** Osteotomy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

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

**First Identified:** September 2007 **2019 est Medicare Utilization:** 1,640

**2007 Work RVU:** 5.48 **2020 Work RVU:** 5.57  
**2007 NF PE RVU:** 6.2 **2020 NF PE RVU:** 9.63  
**2007 Fac PE RVU:** 3.53 **2020 Fac PE RVU:** 4.20  
**Result:** PE Only

**RUC Recommendation:** Reduce 99238 to 0.5

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

**28470** Closed treatment of metatarsal fracture; without manipulation, each **Global:** 090 **Issue:** Treatment of Metatarsal Fracture **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

**Most Recent** **Tab** 15 **Specialty Developing** AAOS, APMA, AOFAS  
**RUC Meeting:** September 2011 **Recommendation:**

**First Identified:** April 2011 **2019 est Medicare Utilization:** 29,629

**2007 Work RVU:** 1.99 **2020 Work RVU:** 2.03  
**2007 NF PE RVU:** 3.05 **2020 NF PE RVU:** 3.93  
**2007 Fac PE RVU:** 2.43 **2020 Fac PE RVU:** 3.52  
**Result:** Maintain

**RUC Recommendation:** 2.03

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

**28660** Closed treatment of interphalangeal joint dislocation; without anesthesia **Global:** 010 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

**Most Recent** **Tab** 46 **Specialty Developing** AAOS, ACEP, and orthopaedic subspecialties  
**RUC Meeting:** April 2016 **Recommendation:**

**First Identified:** October 2015 **2019 est Medicare Utilization:** 689

**2007 Work RVU:** 1.25 **2020 Work RVU:** 1.28  
**2007 NF PE RVU:** 1.27 **2020 NF PE RVU:** 1.91  
**2007 Fac PE RVU:** 0.79 **2020 Fac PE RVU:** 1.11

**RUC Recommendation:** PE Clinical staff pre-time revised

**Referred to CPT**  
**Referred to CPT Asst** ☒ **Published in CPT Asst:** Jan 2018

# Status Report: CMS Requests and Relativity Assessment Issues

## 28725 Arthrodesis; subtalar

Global: 090 Issue: Foot Arthrodesis

Screen: Site of Service Anomaly Complete? Yes

Most Recent  
RUC Meeting: February 2011

Tab 20

Specialty Developing  
Recommendation: AOFAS,  
APMA, AAOS

First  
Identified: September 2007

2019 est  
Medicare  
Utilization: 4,389

2007 Work RVU: 11.97

2020 Work RVU: 11.22

2007 NF PE RVU: NA

2020 NF PE RVU: NA

2007 Fac PE RVU 7.93

2020 Fac PE RVU:9.45

Result: Maintain

RUC Recommendation: 12.18

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

## 28730 Arthrodesis, midtarsal or tarsometatarsal, multiple or transverse;

Global: 090 Issue: Foot Arthrodesis

Screen: Site of Service Anomaly Complete? Yes

Most Recent  
RUC Meeting: February 2011

Tab 20

Specialty Developing  
Recommendation: AOFAS,  
APMA, AAOS

First  
Identified: September 2007

2019 est  
Medicare  
Utilization: 3,581

2007 Work RVU: 12.21

2020 Work RVU: 10.70

2007 NF PE RVU: NA

2020 NF PE RVU: NA

2007 Fac PE RVU 8.32

2020 Fac PE RVU:8.88

Result: Maintain

RUC Recommendation: 12.42

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

## 28740 Arthrodesis, midtarsal or tarsometatarsal, single joint

Global: 090 Issue: Arthrodesis

Screen: Site of Service Anomaly (99238-Only) Complete? Yes

Most Recent  
RUC Meeting: September 2007

Tab 16

Specialty Developing  
Recommendation: AAOS

First  
Identified: September 2007

2019 est  
Medicare  
Utilization: 3,996

2007 Work RVU: 9.09

2020 Work RVU: 9.29

2007 NF PE RVU: 10.89

2020 NF PE RVU: 13.66

2007 Fac PE RVU 6.37

2020 Fac PE RVU:7.36

Result: PE Only

RUC Recommendation: Reduce 99238 to 0.5

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

## 28820 Amputation, toe; metatarsophalangeal joint

Global: 090 Issue: Toe Amputation

Screen: Site of Service Anomaly - 2018 Complete? Yes

Most Recent  
RUC Meeting: April 2019

Tab 11

Specialty Developing  
Recommendation: AAOS, ACS,  
AOFAS,  
APMA, SVS

First  
Identified: October 2018

2019 est  
Medicare  
Utilization: 30,702

2007 Work RVU: 4.89

2020 Work RVU: 5.82

2007 NF PE RVU: 7.6

2020 NF PE RVU: 9.55

2007 Fac PE RVU 3.74

2020 Fac PE RVU:4.75

Result: Decrease

RUC Recommendation: 4.10

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

# Status Report: CMS Requests and Relativity Assessment Issues

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

**Most Recent** **Tab** 11 **Specialty Developing** AAOS, ACS, **First** **2019 est**  
**RUC Meeting:** April 2019 **Recommendation:** AOFAS, **Identified:** September 2007 **Medicare**  
 APMA, SVS **Utilization:** 15,013

**RUC Recommendation:** 4.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**2007 Work RVU:** 3.71 **2020 Work RVU:** 5.37  
**2007 NF PE RVU:** 7.04 **2020 NF PE RVU:** 9.39  
**2007 Fac PE RVU** 3.4 **2020 Fac PE RVU:**4.59  
**Result:** Decrease

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

**Most Recent** **Tab** 16 **Specialty Developing** AAOS, ASSH **First** **2019 est**  
**RUC Meeting:** September 2011 **Recommendation:** **Identified:** April 2011 **Medicare**  
**Utilization:** 68,396

**RUC Recommendation:** 0.77 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**2007 Work RVU:** 0.77 **2020 Work RVU:** 0.77  
**2007 NF PE RVU:** 1.25 **2020 NF PE RVU:** 1.53  
**2007 Fac PE RVU** 0.68 **2020 Fac PE RVU:**0.86  
**Result:** Maintain

**29105** Application of long arm splint (shoulder to hand) **Global:** 000 **Issue:** Application of Long Arm Splint **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

**Most Recent** **Tab** 11 **Specialty Developing** AAOS, **First** **2019 est**  
**RUC Meeting:** April 2017 **Recommendation:** ACEP, ASSH **Identified:** July 2016 **Medicare**  
**Utilization:** 25,626

**RUC Recommendation:** 0.80 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**2007 Work RVU:** 0.87 **2020 Work RVU:** 0.80  
**2007 NF PE RVU:** 1.2 **2020 NF PE RVU:** 1.38  
**2007 Fac PE RVU** 0.52 **2020 Fac PE RVU:**0.28  
**Result:** Decrease

**29200** Strapping; thorax **Global:** 000 **Issue:** Strapping Procedures **Screen:** High Volume Growth2 **Complete?** Yes

**Most Recent** **Tab** 35 **Specialty Developing** APTA **First** **2019 est**  
**RUC Meeting:** January 2014 **Recommendation:** **Identified:** April 2013 **Medicare**  
**Utilization:** 13,693

**RUC Recommendation:** 0.39 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**2007 Work RVU:** 0.65 **2020 Work RVU:** 0.39  
**2007 NF PE RVU:** 0.69 **2020 NF PE RVU:** 0.52  
**2007 Fac PE RVU** 0.34 **2020 Fac PE RVU:**0.13  
**Result:** Decrease

# Status Report: CMS Requests and Relativity Assessment Issues

## 29220 Deleted from CPT

**Most Recent**  
**RUC Meeting:** April 2008

**Tab** 57

**Specialty Developing** AAFP  
**Recommendation:**

**RUC Recommendation:** Deleted from CPT

**Global:**

**Issue:** Strapping; low back

**Screen:** High Volume Growth1

**Complete?** Yes

**First**  
**Identified:** February 2008

**2019 est**  
**Medicare**  
**Utilization:**

**2007 Work RVU:** 0.64

**2020 Work RVU:**

**2007 NF PE RVU:** 0.69

**2020 NF PE RVU:**

**2007 Fac PE RVU** 0.38

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**Referred to CPT** October 2008

**Referred to CPT Asst** ☒

**Published in CPT Asst:** Deleted from CPT, no further action necessary

## 29240 Strapping; shoulder (eg, Velpeau)

**Most Recent**  
**RUC Meeting:** January 2014

**Tab** 35

**Specialty Developing** APTA  
**Recommendation:**

**RUC Recommendation:** 0.39

**Global:** 000

**Issue:** Strapping Procedures

**Screen:** High Volume Growth2

**Complete?** Yes

**First**  
**Identified:** April 2013

**2019 est**  
**Medicare**  
**Utilization:** 16,307

**2007 Work RVU:** 0.71

**2020 Work RVU:** 0.39

**2007 NF PE RVU:** 0.81

**2020 NF PE RVU:** 0.47

**2007 Fac PE RVU** 0.37

**2020 Fac PE RVU:**0.13

**Result:** Decrease

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

## 29260 Strapping; elbow or wrist

**Most Recent**  
**RUC Meeting:** January 2014

**Tab** 35

**Specialty Developing** APTA  
**Recommendation:**

**RUC Recommendation:** 0.39

**Global:** 000

**Issue:** Strapping Procedures

**Screen:** High Volume Growth2

**Complete?** Yes

**First**  
**Identified:** October 2013

**2019 est**  
**Medicare**  
**Utilization:** 5,004

**2007 Work RVU:** 0.55

**2020 Work RVU:** 0.39

**2007 NF PE RVU:** 0.72

**2020 NF PE RVU:** 0.44

**2007 Fac PE RVU** 0.33

**2020 Fac PE RVU:**0.14

**Result:** Decrease

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

## 29280 Strapping; hand or finger

**Most Recent**  
**RUC Meeting:** January 2014

**Tab** 35

**Specialty Developing** APTA  
**Recommendation:**

**RUC Recommendation:** 0.39

**Global:** 000

**Issue:** Strapping Procedures

**Screen:** High Volume Growth2

**Complete?** Yes

**First**  
**Identified:** October 2013

**2019 est**  
**Medicare**  
**Utilization:** 3,404

**2007 Work RVU:** 0.51

**2020 Work RVU:** 0.39

**2007 NF PE RVU:** 0.77

**2020 NF PE RVU:** 0.44

**2007 Fac PE RVU** 0.33

**2020 Fac PE RVU:**0.16

**Result:** Decrease

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

### 29445 Application of rigid total contact leg cast

Global: 000

Issue: Application of Rigid Leg Cast

Screen: High Volume Growth3

Complete? Yes

Most Recent  
RUC Meeting: April 2016

Tab 17

Specialty Developing  
Recommendation:

AAOS,  
AHKNS,  
AOFAS,  
AOA, NASS

First  
Identified: October 2015

2019 est  
Medicare  
Utilization: 36,431

2007 Work RVU: 1.78

2020 Work RVU: 1.78

2007 NF PE RVU: 1.76

2020 NF PE RVU: 1.72

2007 Fac PE RVU 0.96

2020 Fac PE RVU:0.94

RUC Recommendation: 1.78

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Maintain

### 29520 Strapping; hip

Global: 000

Issue: Strapping Procedures

Screen: High Volume Growth2

Complete? Yes

Most Recent  
RUC Meeting: January 2014

Tab 35

Specialty Developing  
Recommendation:

APTA

First  
Identified: April 2013

2019 est  
Medicare  
Utilization: 13,018

2007 Work RVU: 0.54

2020 Work RVU: 0.39

2007 NF PE RVU: 0.81

2020 NF PE RVU: 0.59

2007 Fac PE RVU 0.45

2020 Fac PE RVU:0.14

RUC Recommendation: 0.39

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Decrease

### 29530 Strapping; knee

Global: 000

Issue: Strapping Procedures

Screen: High Volume Growth2

Complete? Yes

Most Recent  
RUC Meeting: January 2014

Tab 35

Specialty Developing  
Recommendation:

APTA

First  
Identified: April 2013

2019 est  
Medicare  
Utilization: 27,045

2007 Work RVU: 0.57

2020 Work RVU: 0.39

2007 NF PE RVU: 0.75

2020 NF PE RVU: 0.46

2007 Fac PE RVU 0.34

2020 Fac PE RVU:0.13

RUC Recommendation: 0.39

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Decrease

# Status Report: CMS Requests and Relativity Assessment Issues

<b>29540</b>	<b>Strapping; ankle and/or foot</b>			<b>Global:</b> 000	<b>Issue:</b> Strapping Lower Extremity	<b>Screen:</b> Harvard Valued - Utilization over 100,000 / CMS 000-Day Global Typically Reported with an E/M	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2017	<b>Tab</b> 41ii	<b>Specialty Developing Recommendation:</b>	APMA	<b>First Identified:</b> October 2009	<b>2019 est Medicare Utilization:</b> 213,060	<b>2007 Work RVU:</b> 0.51 <b>2007 NF PE RVU:</b> 0.45 <b>2007 Fac PE RVU:</b> 0.31 <b>Result:</b> Decrease	<b>2020 Work RVU:</b> 0.39 <b>2020 NF PE RVU:</b> 0.39 <b>2020 Fac PE RVU:</b> 0.09
<b>RUC Recommendation:</b> 0.39				<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>							
<b>29550</b>	<b>Strapping; toes</b>			<b>Global:</b> 000	<b>Issue:</b> Strapping Lower Extremity	<b>Screen:</b> Harvard Valued - Utilization over 100,000 / CMS 000-Day Global Typically Reported with an E/M	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2017	<b>Tab</b> 41ii	<b>Specialty Developing Recommendation:</b>	APMA	<b>First Identified:</b> February 2010	<b>2019 est Medicare Utilization:</b> 56,200	<b>2007 Work RVU:</b> 0.47 <b>2007 NF PE RVU:</b> 0.46 <b>2007 Fac PE RVU:</b> 0.29 <b>Result:</b> Decrease	<b>2020 Work RVU:</b> 0.25 <b>2020 NF PE RVU:</b> 0.27 <b>2020 Fac PE RVU:</b> 0.06
<b>RUC Recommendation:</b> 0.25				<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>							
<b>29580</b>	<b>Strapping; Unna boot</b>			<b>Global:</b> 000	<b>Issue:</b> Strapping Multi Layer Compression	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2016	<b>Tab</b> 13	<b>Specialty Developing Recommendation:</b>	ACS, APMA, SVS	<b>First Identified:</b> July 2015	<b>2019 est Medicare Utilization:</b> 265,752	<b>2007 Work RVU:</b> 0.55 <b>2007 NF PE RVU:</b> 0.67 <b>2007 Fac PE RVU:</b> 0.35 <b>Result:</b> Maintain	<b>2020 Work RVU:</b> 0.55 <b>2020 NF PE RVU:</b> 1.17 <b>2020 Fac PE RVU:</b> 0.16
<b>RUC Recommendation:</b> 0.55				<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

# Status Report: CMS Requests and Relativity Assessment Issues

<b>29581</b>	<b>Application of multi-layer compression system; leg (below knee), including ankle and foot</b>	<b>Global:</b> 000	<b>Issue:</b> Strapping Multi Layer Compression	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2016	<b>Tab</b> 13	<b>Specialty Developing Recommendation:</b> ACS, APMA, SVS	<b>First Identified:</b> July 2015	<b>2019 est Medicare Utilization:</b> 194,064	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU</b> <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 0.60			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> 0.60 <b>2020 NF PE RVU:</b> 1.92 <b>2020 Fac PE RVU:</b> 0.18
<b>29582</b>	<b>Application of multi-layer compression system; thigh and leg, including ankle and foot, when performed</b>	<b>Global:</b>	<b>Issue:</b> New Technology Review	<b>Screen:</b> New Technology/New Services	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2015	<b>Tab</b> 21	<b>Specialty Developing Recommendation:</b> APTA	<b>First Identified:</b> October 2015	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU</b> <b>Result:</b> Deleted from CPT
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> September 2016 <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Aug 2016	<b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>
<b>29583</b>	<b>Application of multi-layer compression system; upper arm and forearm</b>	<b>Global:</b>	<b>Issue:</b> New Technology Review	<b>Screen:</b> New Technology/New Services	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2015	<b>Tab</b> 21	<b>Specialty Developing Recommendation:</b> APTA	<b>First Identified:</b> October 2015	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU</b> <b>Result:</b> Deleted from CPT
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> September 2016 <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Aug 2016	<b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>
<b>29584</b>	<b>Application of multi-layer compression system; upper arm, forearm, hand, and fingers</b>	<b>Global:</b> 000	<b>Issue:</b> New Technology Review	<b>Screen:</b> New Technology/New Services	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> October 2018	<b>Tab</b> 27	<b>Specialty Developing Recommendation:</b> APTA	<b>First Identified:</b> October 2015	<b>2019 est Medicare Utilization:</b> 2,715	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU</b> <b>Result:</b>
<b>RUC Recommendation:</b> Develop CPT Assistant Article			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Aug 2016	<b>2020 Work RVU:</b> 0.35 <b>2020 NF PE RVU:</b> 2.01 <b>2020 Fac PE RVU:</b> 0.11



# Status Report: CMS Requests and Relativity Assessment Issues

<b>29590</b>	<b>Denis-Browne splint strapping</b>		<b>Global:</b>	<b>Issue:</b> Dennis-Browne splint revision	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab</b> 07	<b>Specialty Developing Recommendation:</b> APMA	<b>First Identified:</b> February 2010	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> 0.76 <b>2007 NF PE RVU:</b> 0.54 <b>2007 Fac PE RVU:</b> 0.29	<b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> February 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Deleted from CPT	

<b>29805</b>	<b>Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)</b>		<b>Global:</b> 090	<b>Issue:</b> Arthroscopy	<b>Screen:</b> CMS Request - Practice Expense Review	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2008	<b>Tab</b> 51	<b>Specialty Developing Recommendation:</b> AAOS	<b>First Identified:</b> NA	<b>2019 est Medicare Utilization:</b> 698	<b>2007 Work RVU:</b> 5.94 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 5.44	<b>2020 Work RVU:</b> 6.03 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 6.36
<b>RUC Recommendation:</b> No NF PE inputs			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> PE Only	

<b>29822</b>	<b>Arthroscopy, shoulder, surgical; debridement, limited</b>		<b>Global:</b> 090	<b>Issue:</b> Shoulder Debridement	<b>Screen:</b> CMS Fastest Growing	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2020	<b>Tab</b> 11	<b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> October 2008	<b>2019 est Medicare Utilization:</b> 9,153	<b>2007 Work RVU:</b> 7.49 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 6.43	<b>2020 Work RVU:</b> 7.60 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 7.57
<b>RUC Recommendation:</b> 7.03			<b>Referred to CPT</b> September 2019 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease	

## Status Report: CMS Requests and Relativity Assessment Issues

<b>29823</b>	<b>Arthroscopy, shoulder, surgical; debridement, extensive</b>	<b>Global:</b> 090	<b>Issue:</b> Shoulder Debridement	<b>Screen:</b> Harvard-Valued Annual Allowed Charges Greater than \$10 million / Harvard Valued - Utilization over 30,000-Part3	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2020	<b>Tab</b> 11	<b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> October 2012	<b>2019 est Medicare Utilization:</b> 45,349	<b>2007 Work RVU:</b> 8.24 <b>2020 Work RVU:</b> 8.36 <b>2007 NF PE RVU:</b> NA <b>2020 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 6.94 <b>2020 Fac PE RVU:</b> 8.13 <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 7.98			<b>Referred to CPT</b> September 2019 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
<b>29824</b>	<b>Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)</b>	<b>Global:</b> 090	<b>Issue:</b> RAW	<b>Screen:</b> Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2015	<b>Tab</b> 21	<b>Specialty Developing Recommendation:</b> AAOS	<b>First Identified:</b> February 2010	<b>2019 est Medicare Utilization:</b> 39,895	<b>2007 Work RVU:</b> 8.82 <b>2020 Work RVU:</b> 8.98 <b>2007 NF PE RVU:</b> NA <b>2020 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 7.3 <b>2020 Fac PE RVU:</b> 8.78 <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 8.82			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
<b>29826</b>	<b>Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with coracoacromial ligament (ie, arch) release, when performed (List separately in addition to code for primary procedure)</b>	<b>Global:</b> ZZZ	<b>Issue:</b> RAW	<b>Screen:</b> Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2015	<b>Tab</b> 21	<b>Specialty Developing Recommendation:</b> AAOS	<b>First Identified:</b> February 2010	<b>2019 est Medicare Utilization:</b> 78,655	<b>2007 Work RVU:</b> 9.05 <b>2020 Work RVU:</b> 3.00 <b>2007 NF PE RVU:</b> NA <b>2020 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 7.21 <b>2020 Fac PE RVU:</b> 1.48 <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 3.00			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	

## Status Report: CMS Requests and Relativity Assessment Issues

29827	Arthroscopy, shoulder, surgical; with rotator cuff repair			Global: 090	Issue: RAW	Screen: CMS Fastest Growing/ Codes Reported Together 75% or More- Part1 / Pre-Time Analysis	Complete? Yes							
Most Recent RUC Meeting:	October 2015	Tab 21	Specialty Developing Recommendation:	AAOS	First Identified:	October 2008	2019 est Medicare Utilization:	69,465	2007 Work RVU:	15.44	2020 Work RVU:	15.59		
RUC Recommendation:					15.59. Maintain work RVU and adjust the times from pre-time package 3.		Referred to CPT		2007 NF PE RVU:		NA	2020 NF PE RVU:	NA	
					Referred to CPT Asst		<input type="checkbox"/>	Published in CPT Asst:		2007 Fac PE RVU		11.01	2020 Fac PE RVU:	12.34
									Result:		Maintain			
<hr/>														
29828	Arthroscopy, shoulder, surgical; biceps tenodesis			Global: 090	Issue: RAW	Screen: Codes Reported Together 75% or More- Part1	Complete? Yes							
Most Recent RUC Meeting:	October 2015	Tab 21	Specialty Developing Recommendation:	AAOS	First Identified:	February 2010	2019 est Medicare Utilization:	18,992	2007 Work RVU:		2020 Work RVU:	13.16		
RUC Recommendation:					13.16		Referred to CPT		2007 NF PE RVU:			2020 NF PE RVU:	NA	
					Referred to CPT Asst		<input type="checkbox"/>	Published in CPT Asst:		2007 Fac PE RVU			2020 Fac PE RVU:	10.84
									Result:		Maintain			
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29830	Arthroscopy, elbow, diagnostic, with or without synovial biopsy (separate procedure)			Global: 090	Issue: Arthroscopy	Screen: CMS Request - Practice Expense Review	Complete? Yes							
Most Recent RUC Meeting:	April 2008	Tab 51	Specialty Developing Recommendation:	AAOS	First Identified:	NA	2019 est Medicare Utilization:	136	2007 Work RVU:	5.80	2020 Work RVU:	5.88		
RUC Recommendation:					No NF PE inputs		Referred to CPT		2007 NF PE RVU:		NA	2020 NF PE RVU:	NA	
					Referred to CPT Asst		<input type="checkbox"/>	Published in CPT Asst:		2007 Fac PE RVU		5.14	2020 Fac PE RVU:	6.12
									Result:		PE Only			

# Status Report: CMS Requests and Relativity Assessment Issues

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

**Most Recent RUC Meeting:** April 2008      **Tab** 51      **Specialty Developing Recommendation:** AAOS      **First Identified:** NA      **2019 est Medicare Utilization:** 125      **2007 Work RVU:** 5.59      **2020 Work RVU:** 5.68  
**2007 NF PE RVU:** NA      **2020 NF PE RVU:** NA  
**2007 Fac PE RVU:** 5.16      **2020 Fac PE RVU:** 6.29  
**Result:** PE Only

**RUC Recommendation:** No NF PE inputs      **Referred to CPT**      **Referred to CPT Asst** ☐      **Published in CPT Asst:**

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

**Most Recent RUC Meeting:** October 2009      **Tab** 13      **Specialty Developing Recommendation:** AAOS      **First Identified:** NA      **2019 est Medicare Utilization:** 1,031      **2007 Work RVU:** 5.11      **2020 Work RVU:** 5.19  
**2007 NF PE RVU:** NA      **2020 NF PE RVU:** 10.26  
**2007 Fac PE RVU:** 4.72      **2020 Fac PE RVU:** 5.65  
**Result:** PE Only

**RUC Recommendation:** New PE non-facility inputs      **Referred to CPT**      **Referred to CPT Asst** ☐      **Published in CPT Asst:**

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

**Most Recent RUC Meeting:** April 2008      **Tab** 38      **Specialty Developing Recommendation:** AAOS      **First Identified:** September 2007      **2019 est Medicare Utilization:** 1,173      **2007 Work RVU:** 14.14      **2020 Work RVU:** 14.30  
**2007 NF PE RVU:** NA      **2020 NF PE RVU:** NA  
**2007 Fac PE RVU:** 9.75      **2020 Fac PE RVU:** 11.30  
**Result:** Maintain

**RUC Recommendation:** 14.14      **Referred to CPT**      **Referred to CPT Asst** ☐      **Published in CPT Asst:**

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

**Most Recent RUC Meeting:** April 2008      **Tab** 51      **Specialty Developing Recommendation:** AAOS      **First Identified:** NA      **2019 est Medicare Utilization:** 4      **2007 Work RVU:** 5.74      **2020 Work RVU:** 5.88  
**2007 NF PE RVU:** NA      **2020 NF PE RVU:** NA  
**2007 Fac PE RVU:** 5.6      **2020 Fac PE RVU:** 7.31  
**Result:** PE Only

**RUC Recommendation:** No NF PE inputs      **Referred to CPT**      **Referred to CPT Asst** ☐      **Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

<b>30140</b>	<b>Submucous resection inferior turbinate, partial or complete, any method</b>	<b>Global:</b> 000	<b>Issue:</b> Resection of Inferior Turbinate	<b>Screen:</b> Harvard Valued - Utilization over 30,000-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2016	<b>Tab</b> 14	<b>Specialty Developing Recommendation:</b> AAOHNS	<b>First Identified:</b> October 2015	<b>2019 est Medicare Utilization:</b> 49,954	<b>2007 Work RVU:</b> 3.48 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 6.29 <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 3.00			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> 3.00 <b>2020 NF PE RVU:</b> 4.66 <b>2020 Fac PE RVU:</b> 1.69
<b>30465</b>	<b>Repair of nasal vestibular stenosis (eg, spreader grafting, lateral nasal wall reconstruction)</b>	<b>Global:</b> 090	<b>Issue:</b> Repair Nasal Stenosis	<b>Screen:</b> Site of Service Anomaly (99238-Only)	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2007	<b>Tab</b> 16	<b>Specialty Developing Recommendation:</b> AAO-HNS	<b>First Identified:</b> September 2007	<b>2019 est Medicare Utilization:</b> 4,626	<b>2007 Work RVU:</b> 12.20 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 11.58 <b>Result:</b> PE Only
<b>RUC Recommendation:</b> Reduce 99238 to 0.5			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> 12.36 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 14.48
<b>30901</b>	<b>Control nasal hemorrhage, anterior, simple (limited cautery and/or packing) any method</b>	<b>Global:</b> 000	<b>Issue:</b> Control Nasal Hemorrhage	<b>Screen:</b> Harvard Valued - Utilization over 100,000 / CMS Request - Final Rule for 2016	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab</b> 20	<b>Specialty Developing Recommendation:</b> AAOHNS	<b>First Identified:</b> October 2009	<b>2019 est Medicare Utilization:</b> 88,372	<b>2007 Work RVU:</b> 1.21 <b>2007 NF PE RVU:</b> 1.32 <b>2007 Fac PE RVU:</b> 0.31 <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 1.10			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> 1.10 <b>2020 NF PE RVU:</b> 2.81 <b>2020 Fac PE RVU:</b> 0.36

# Status Report: CMS Requests and Relativity Assessment Issues

<b>30903</b>	<b>Control nasal hemorrhage, anterior, complex (extensive cautery and/or packing) any method</b>	<b>Global:</b> 000	<b>Issue:</b> Control Nasal Hemorrhage	<b>Screen:</b> CMS Request - Final Rule for 2016	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab</b> 20	<b>Specialty Developing Recommendation:</b> AAOHNS	<b>First Identified:</b> July 2015	<b>2019 est Medicare Utilization:</b> 48,496	<b>2007 Work RVU:</b> 1.54 <b>2007 NF PE RVU:</b> 2.8 <b>2007 Fac PE RVU:</b> 0.47 <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 1.54			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> 1.54 <b>2020 NF PE RVU:</b> 4.68 <b>2020 Fac PE RVU:</b> 0.47
<b>30905</b>	<b>Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; initial</b>	<b>Global:</b> 000	<b>Issue:</b> Control Nasal Hemorrhage	<b>Screen:</b> CMS Request - Final Rule for 2016	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab</b> 20	<b>Specialty Developing Recommendation:</b> AAOHNS	<b>First Identified:</b> July 2015	<b>2019 est Medicare Utilization:</b> 5,245	<b>2007 Work RVU:</b> 1.97 <b>2007 NF PE RVU:</b> 3.57 <b>2007 Fac PE RVU:</b> 0.69 <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 1.97			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> 1.97 <b>2020 NF PE RVU:</b> 7.33 <b>2020 Fac PE RVU:</b> 0.76
<b>30906</b>	<b>Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; subsequent</b>	<b>Global:</b> 000	<b>Issue:</b> Control Nasal Hemorrhage	<b>Screen:</b> CMS Request - Final Rule for 2016	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab</b> 20	<b>Specialty Developing Recommendation:</b> AAOHNS	<b>First Identified:</b> July 2015	<b>2019 est Medicare Utilization:</b> 800	<b>2007 Work RVU:</b> 2.45 <b>2007 NF PE RVU:</b> 3.91 <b>2007 Fac PE RVU:</b> 1.07 <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 2.45			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> 2.45 <b>2020 NF PE RVU:</b> 7.22 <b>2020 Fac PE RVU:</b> 1.10
<b>31231</b>	<b>Nasal endoscopy, diagnostic, unilateral or bilateral (separate procedure)</b>	<b>Global:</b> 000	<b>Issue:</b> Nasal/Sinus Endoscopy	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2012	<b>Tab</b> 19	<b>Specialty Developing Recommendation:</b> AAO-HNS	<b>First Identified:</b> October 2010	<b>2019 est Medicare Utilization:</b> 660,545	<b>2007 Work RVU:</b> 1.10 <b>2007 NF PE RVU:</b> 3.37 <b>2007 Fac PE RVU:</b> 0.84 <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 1.10			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> 1.10 <b>2020 NF PE RVU:</b> 4.25 <b>2020 Fac PE RVU:</b> 0.59

# Status Report: CMS Requests and Relativity Assessment Issues

<b>31237</b>	<b>Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement (separate procedure)</b>	<b>Global:</b> 000	<b>Issue:</b> Nasal/Sinus Endoscopy	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab 19</b>	<b>Specialty Developing Recommendation:</b> AAO-HNS	<b>First Identified:</b> September 2011	<b>2019 est Medicare Utilization:</b> 137,754	<b>2007 Work RVU:</b> 2.98 <b>2007 NF PE RVU:</b> 5.03 <b>2007 Fac PE RVU:</b> 1.72 <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 2.60			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> 2.60 <b>2020 NF PE RVU:</b> 4.26 <b>2020 Fac PE RVU:</b> 1.59
<b>31238</b>	<b>Nasal/sinus endoscopy, surgical; with control of nasal hemorrhage</b>	<b>Global:</b> 000	<b>Issue:</b> Nasal/Sinus Endoscopy	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab 19</b>	<b>Specialty Developing Recommendation:</b> AAO-HNS	<b>First Identified:</b> January 2012	<b>2019 est Medicare Utilization:</b> 29,505	<b>2007 Work RVU:</b> 3.26 <b>2007 NF PE RVU:</b> 5.04 <b>2007 Fac PE RVU:</b> 1.9 <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 2.74			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> 2.74 <b>2020 NF PE RVU:</b> 3.99 <b>2020 Fac PE RVU:</b> 1.65
<b>31239</b>	<b>Nasal/sinus endoscopy, surgical; with dacryocystorhinostomy</b>	<b>Global:</b> 010	<b>Issue:</b> Nasal/Sinus Endoscopy	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab 19</b>	<b>Specialty Developing Recommendation:</b> AAO-HNS	<b>First Identified:</b> January 2012	<b>2019 est Medicare Utilization:</b> 1,366	<b>2007 Work RVU:</b> 9.23 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 7.59 <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 9.04			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> 9.04 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 7.46
<b>31240</b>	<b>Nasal/sinus endoscopy, surgical; with concha bullosa resection</b>	<b>Global:</b> 000	<b>Issue:</b> Nasal/Sinus Endoscopy	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab 19</b>	<b>Specialty Developing Recommendation:</b> AAO-HNS	<b>First Identified:</b> January 2012	<b>2019 est Medicare Utilization:</b> 6,458	<b>2007 Work RVU:</b> 2.61 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 1.59 <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 2.61			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> 2.61 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 1.56

# Status Report: CMS Requests and Relativity Assessment Issues

<b>31241</b>	<b>Nasal/sinus endoscopy, surgical; with ligation of sphenopalatine artery</b>	<b>Global:</b> 000	<b>Issue:</b> Nasal/Sinus Endoscopy	<b>Screen:</b> Codes Reported Together 75% or More-Part3	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab 07</b>	<b>Specialty Developing Recommendation:</b> AAOHNS	<b>First Identified:</b> April 2015	<b>2019 est Medicare Utilization:</b> 470	<b>2007 Work RVU:</b>
<b>RUC Recommendation:</b> 8.51			<b>Referred to CPT</b> September 2016	<b>2007 NF PE RVU:</b>	<b>2020 Work RVU:</b> 8.00
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 NF PE RVU:</b> NA
				<b>2007 Fac PE RVU</b>	<b>2020 Fac PE RVU:</b> 3.68
				<b>Result:</b> Decrease	
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<b>31253</b>	<b>Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including frontal sinus exploration, with removal of tissue from frontal sinus, when performed</b>	<b>Global:</b> 000	<b>Issue:</b> Nasal/Sinus Endoscopy	<b>Screen:</b> Codes Reported Together 75% or More-Part3	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab 07</b>	<b>Specialty Developing Recommendation:</b> AAOHNS	<b>First Identified:</b> April 2015	<b>2019 est Medicare Utilization:</b> 8,502	<b>2007 Work RVU:</b>
<b>RUC Recommendation:</b> 9.00			<b>Referred to CPT</b> September 2016	<b>2007 NF PE RVU:</b>	<b>2020 Work RVU:</b> 9.00
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 NF PE RVU:</b> NA
				<b>2007 Fac PE RVU</b>	<b>2020 Fac PE RVU:</b> 4.16
				<b>Result:</b> Decrease	
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<b>31254</b>	<b>Nasal/sinus endoscopy, surgical with ethmoidectomy; partial (anterior)</b>	<b>Global:</b> 000	<b>Issue:</b> Nasal/Sinus Endoscopy	<b>Screen:</b> CMS Request - Final Rule for 2016	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab 07</b>	<b>Specialty Developing Recommendation:</b> AAOHNS	<b>First Identified:</b> July 2015	<b>2019 est Medicare Utilization:</b> 13,255	<b>2007 Work RVU:</b> 4.64
<b>RUC Recommendation:</b> 4.27			<b>Referred to CPT</b> September 2016	<b>2007 NF PE RVU:</b> NA	<b>2020 Work RVU:</b> 4.27
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 NF PE RVU:</b> 7.14
				<b>2007 Fac PE RVU</b> 2.57	<b>2020 Fac PE RVU:</b> 2.13
				<b>Result:</b> Decrease	



## Status Report: CMS Requests and Relativity Assessment Issues

**31255** Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior) **Global:** 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** Codes Reported Together 75% or More-Part3 / CMS Request - Final Rule for 2016 **Complete?** Yes

**Most Recent RUC Meeting:** January 2017

**Tab 07 Specialty Developing Recommendation:** AAOHNS

**First Identified:** April 2015

**2019 est Medicare Utilization:** 11,287

**2007 Work RVU:** 6.95

**2020 Work RVU:** 5.75

**2007 NF PE RVU:** NA

**2020 NF PE RVU:** NA

**2007 Fac PE RVU:** 3.69

**2020 Fac PE RVU:** 2.77

**Result:** Decrease

**RUC Recommendation:** 5.75

**Referred to CPT** September 2016

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

**31256** Nasal/sinus endoscopy, surgical, with maxillary antrostomy;

**Global:** 000

**Issue:** Nasal/Sinus Endoscopy

**Screen:** CMS Request - Final Rule for 2016

**Complete?** Yes

**Most Recent RUC Meeting:** January 2017

**Tab 07 Specialty Developing Recommendation:** AAOHNS

**First Identified:** July 2015

**2019 est Medicare Utilization:** 15,592

**2007 Work RVU:** 3.29

**2020 Work RVU:** 3.11

**2007 NF PE RVU:** NA

**2020 NF PE RVU:** NA

**2007 Fac PE RVU:** 1.92

**2020 Fac PE RVU:** 1.63

**Result:** Decrease

**RUC Recommendation:** 3.11

**Referred to CPT** September 2016

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

**31257** Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy

**Global:** 000

**Issue:** Nasal/Sinus Endoscopy

**Screen:** Codes Reported Together 75% or More-Part3

**Complete?** Yes

**Most Recent RUC Meeting:** January 2017

**Tab 07 Specialty Developing Recommendation:** AAOHNS

**First Identified:** April 2015

**2019 est Medicare Utilization:** 5,920

**2007 Work RVU:**

**2020 Work RVU:** 8.00

**2007 NF PE RVU:**

**2020 NF PE RVU:** NA

**2007 Fac PE RVU**

**2020 Fac PE RVU:** 3.73

**Result:** Decrease

**RUC Recommendation:** 8.00

**Referred to CPT** September 2016

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

## Status Report: CMS Requests and Relativity Assessment Issues

**31259** Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy, with removal of tissue from the sphenoid sinus **Global:** 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

**Most Recent RUC Meeting:** January 2017

**Tab** 07

**Specialty Developing Recommendation:** AAOHNS

**First Identified:** April 2015

**2019 est Medicare Utilization:** 7,903

**2007 Work RVU:**

**2020 Work RVU:** 8.48

**2007 NF PE RVU:**

**2020 NF PE RVU:** NA

**2007 Fac PE RVU**

**2020 Fac PE RVU:**3.93

**Result:** Decrease

**RUC Recommendation:** 8.48

**Referred to CPT** September 2016

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

**31267** Nasal/sinus endoscopy, surgical, with maxillary antrostomy; with removal of tissue from maxillary sinus **Global:** 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

**Most Recent RUC Meeting:** January 2017

**Tab** 07

**Specialty Developing Recommendation:** AAOHNS

**First Identified:** July 2015

**2019 est Medicare Utilization:** 28,703

**2007 Work RVU:** 5.45

**2020 Work RVU:** 4.68

**2007 NF PE RVU:** NA

**2020 NF PE RVU:** NA

**2007 Fac PE RVU** 2.96

**2020 Fac PE RVU:**2.30

**Result:** Decrease

**RUC Recommendation:** 4.68

**Referred to CPT** September 2016

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

**31276** Nasal/sinus endoscopy, surgical, with frontal sinus exploration, including removal of tissue from frontal sinus, when performed **Global:** 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** Codes Reported Together 75% or More-Part3 / CMS Request - Final Rule for 2016 **Complete?** Yes

**Most Recent RUC Meeting:** January 2017

**Tab** 07

**Specialty Developing Recommendation:** AAOHNS

**First Identified:** April 2015

**2019 est Medicare Utilization:** 15,859

**2007 Work RVU:** 8.84

**2020 Work RVU:** 6.75

**2007 NF PE RVU:** NA

**2020 NF PE RVU:** NA

**2007 Fac PE RVU** 4.58

**2020 Fac PE RVU:**3.20

**Result:** Decrease

**RUC Recommendation:** 6.75

**Referred to CPT** September 2016

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

## Status Report: CMS Requests and Relativity Assessment Issues

<b>31287</b>	<b>Nasal/sinus endoscopy, surgical, with sphenoidotomy;</b>	<b>Global:</b> 000	<b>Issue:</b> Nasal/Sinus Endoscopy	<b>Screen:</b> Codes Reported Together 75% or More- Part3 / CMS Request - Final Rule for 2016	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab 07 Specialty Developing Recommendation:</b> AAOHNS	<b>First Identified:</b> April 2015	<b>2019 est Medicare Utilization:</b> 3,280	<b>2007 Work RVU:</b> 3.91 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 2.22 <b>Result:</b> Decrease	<b>2020 Work RVU:</b> 3.50 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 1.80
<b>RUC Recommendation:</b> 3.50		<b>Referred to CPT</b> September 2016 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>31288</b>	<b>Nasal/sinus endoscopy, surgical, with sphenoidotomy; with removal of tissue from the sphenoid sinus</b>	<b>Global:</b> 000	<b>Issue:</b> Nasal/Sinus Endoscopy	<b>Screen:</b> Codes Reported Together 75% or More- Part3 / CMS Request - Final Rule for 2016	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab 07 Specialty Developing Recommendation:</b> AAOHNS	<b>First Identified:</b> April 2015	<b>2019 est Medicare Utilization:</b> 4,121	<b>2007 Work RVU:</b> 4.57 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 2.54 <b>Result:</b> Decrease	<b>2020 Work RVU:</b> 4.10 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 2.05
<b>RUC Recommendation:</b> 4.10		<b>Referred to CPT</b> September 2016 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>31295</b>	<b>Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); maxillary sinus ostium, transnasal or via canine fossa</b>	<b>Global:</b> 000	<b>Issue:</b> Nasal/Sinus Endoscopy	<b>Screen:</b> Codes Reported Together 75% or More- Part3 / CMS Request - Final Rule for 2016	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab 07 Specialty Developing Recommendation:</b> AAOHNS	<b>First Identified:</b> April 2015	<b>2019 est Medicare Utilization:</b> 28,533	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Maintain	<b>2020 Work RVU:</b> 2.70 <b>2020 NF PE RVU:</b> 50.47 <b>2020 Fac PE RVU:</b> 1.45
<b>RUC Recommendation:</b> 2.70		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

## Status Report: CMS Requests and Relativity Assessment Issues

<b>31296</b>	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); frontal sinus ostium	<b>Global:</b> 000	<b>Issue:</b> Nasal/Sinus Endoscopy	<b>Screen:</b> Codes Reported Together 75% or More-Part3	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab</b> 07 <b>Specialty Developing Recommendation:</b> AAOHNS	<b>First Identified:</b> April 2015	<b>2019 est Medicare Utilization:</b> 8,725	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease	<b>2020 Work RVU:</b> 3.10 <b>2020 NF PE RVU:</b> 50.74 <b>2020 Fac PE RVU:</b> 1.62
<b>RUC Recommendation:</b> 3.10		<b>Referred to CPT</b> September 2016 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			
<hr/>					
<b>31297</b>	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); sphenoid sinus ostium	<b>Global:</b> 000	<b>Issue:</b> Nasal/Sinus Endoscopy	<b>Screen:</b> Codes Reported Together 75% or More-Part3	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab</b> 07 <b>Specialty Developing Recommendation:</b> AAOHNS	<b>First Identified:</b> April 2015	<b>2019 est Medicare Utilization:</b> 2,120	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease	<b>2020 Work RVU:</b> 2.44 <b>2020 NF PE RVU:</b> 50.34 <b>2020 Fac PE RVU:</b> 1.34
<b>RUC Recommendation:</b> 2.44		<b>Referred to CPT</b> September 2016 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			
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<b>31298</b>	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); frontal and sphenoid sinus ostia	<b>Global:</b> 000	<b>Issue:</b> Nasal/Sinus Endoscopy	<b>Screen:</b> Codes Reported Together 75% or More-Part3	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab</b> 07 <b>Specialty Developing Recommendation:</b> AAOHNS	<b>First Identified:</b> April 2015	<b>2019 est Medicare Utilization:</b> 19,499	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease	<b>2020 Work RVU:</b> 4.50 <b>2020 NF PE RVU:</b> 96.99 <b>2020 Fac PE RVU:</b> 2.22
<b>RUC Recommendation:</b> 4.50		<b>Referred to CPT</b> September 2016 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			

## Status Report: CMS Requests and Relativity Assessment Issues

<b>31500</b>	Intubation, endotracheal, emergency procedure		<b>Global:</b> 000	<b>Issue:</b> Endotracheal Intubation	<b>Screen:</b> CMS High Expenditure Procedural Codes2 / Modifier -51 Exempt	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2018	<b>Tab</b> 27	<b>Specialty Developing Recommendation:</b> ACEP, ASA	<b>First Identified:</b> July 2015	<b>2019 est Medicare Utilization:</b> 263,123	<b>2007 Work RVU:</b> 2.33 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 0.52 <b>Result:</b> Increase	<b>2020 Work RVU:</b> 3.00 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 0.71
<b>RUC Recommendation:</b> 3.00			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Oct 2016		
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<b>31551</b>	Laryngoplasty; for laryngeal stenosis, with graft, without indwelling stent placement, younger than 12 years of age		<b>Global:</b> 090	<b>Issue:</b> Laryngoplasty	<b>Screen:</b> 090-Day Global Post-Operative Visits	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 09	<b>Specialty Developing Recommendation:</b> AAOHNS	<b>First Identified:</b> October 2015	<b>2019 est Medicare Utilization:</b> 2	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease	<b>2020 Work RVU:</b> 21.50 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 19.15
<b>RUC Recommendation:</b> 21.50			<b>Referred to CPT</b> October 2015 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
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<b>31552</b>	Laryngoplasty; for laryngeal stenosis, with graft, without indwelling stent placement, age 12 years or older		<b>Global:</b> 090	<b>Issue:</b> Laryngoplasty	<b>Screen:</b> 090-Day Global Post-Operative Visits	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 09	<b>Specialty Developing Recommendation:</b> AAOHNS	<b>First Identified:</b> October 2015	<b>2019 est Medicare Utilization:</b> 12	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease	<b>2020 Work RVU:</b> 20.50 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 18.74
<b>RUC Recommendation:</b> 20.50			<b>Referred to CPT</b> October 2015 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

## Status Report: CMS Requests and Relativity Assessment Issues

**31553** Laryngoplasty; for laryngeal stenosis, with graft, with indwelling stent placement, younger than 12 years of age **Global:** 090 **Issue:** Laryngoplasty **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

**Most Recent RUC Meeting:** January 2016

**Tab** 09 **Specialty Developing Recommendation:** AAOHNS

**First Identified:** October 2015

**2019 est Medicare Utilization:**

**2007 Work RVU:**

**2020 Work RVU:** 22.00

**2007 NF PE RVU:**

**2020 NF PE RVU:** NA

**2007 Fac PE RVU**

**2020 Fac PE RVU:**22.85

**Result:** Decrease

**RUC Recommendation:** 22.00

**Referred to CPT** October 2015

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

**31554** Laryngoplasty; for laryngeal stenosis, with graft, with indwelling stent placement, age 12 years or older

**Global:** 090

**Issue:** Laryngoplasty

**Screen:** 090-Day Global Post-Operative Visits

**Complete?** Yes

**Most Recent RUC Meeting:** January 2016

**Tab** 09 **Specialty Developing Recommendation:** AAOHNS

**First Identified:** October 2015

**2019 est Medicare Utilization:** 23

**2007 Work RVU:**

**2020 Work RVU:** 22.00

**2007 NF PE RVU:**

**2020 NF PE RVU:** NA

**2007 Fac PE RVU**

**2020 Fac PE RVU:**22.86

**Result:** Decrease

**RUC Recommendation:** 22.00

**Referred to CPT** October 2015

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

**31571** Laryngoscopy, direct, with injection into vocal cord(s), therapeutic; with operating microscope or telescope

**Global:** 000

**Issue:** Laryngoscopy

**Screen:** Site of Service Anomaly (99238-Only)

**Complete?** Yes

**Most Recent RUC Meeting:** September 2007

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

**First Identified:** September 2007

**2019 est Medicare Utilization:** 5,271

**2007 Work RVU:** 4.26

**2020 Work RVU:** 4.26

**2007 NF PE RVU:** NA

**2020 NF PE RVU:** NA

**2007 Fac PE RVU** 2.36

**2020 Fac PE RVU:**2.26

**Result:** PE Only

**RUC Recommendation:** Reduce 99238 to 0.5

**Referred to CPT**

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

## Status Report: CMS Requests and Relativity Assessment Issues

<b>31575</b>	<b>Laryngoscopy, flexible; diagnostic</b>		<b>Global:</b> 000	<b>Issue:</b>		<b>Screen:</b> MPC List / CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2015	<b>Tab</b> 08	<b>Specialty Developing Recommendation:</b>	AAO-HNS	<b>First Identified:</b> October 2010	<b>2019 est Medicare Utilization:</b> 658,434	<b>2007 Work RVU:</b> 1.10 <b>2007 NF PE RVU:</b> 1.82 <b>2007 Fac PE RVU:</b> 0.84 <b>Result:</b> Decrease	<b>2020 Work RVU:</b> 0.94 <b>2020 NF PE RVU:</b> 2.43 <b>2020 Fac PE RVU:</b> 0.84
<b>RUC Recommendation:</b> 1.00				<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>							
<b>31579</b>	<b>Laryngoscopy, flexible or rigid telescopic, with stroboscopy</b>		<b>Global:</b> 000	<b>Issue:</b> Laryngoscopy		<b>Screen:</b> CMS Fastest Growing / CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2015	<b>Tab</b> 08	<b>Specialty Developing Recommendation:</b>	AAO-HNS	<b>First Identified:</b> October 2008	<b>2019 est Medicare Utilization:</b> 86,928	<b>2007 Work RVU:</b> 2.26 <b>2007 NF PE RVU:</b> 3.5 <b>2007 Fac PE RVU:</b> 1.37 <b>Result:</b> Decrease	<b>2020 Work RVU:</b> 1.88 <b>2020 NF PE RVU:</b> 3.32 <b>2020 Fac PE RVU:</b> 1.27
<b>RUC Recommendation:</b> 1.94				<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>							
<b>31580</b>	<b>Laryngoplasty; for laryngeal web, with indwelling keel or stent insertion</b>		<b>Global:</b> 090	<b>Issue:</b> Laryngoplasty		<b>Screen:</b> 090-Day Global Post-Operative Visits	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 09	<b>Specialty Developing Recommendation:</b>	AAO-HNS	<b>First Identified:</b> April 2014	<b>2019 est Medicare Utilization:</b> 21	<b>2007 Work RVU:</b> 14.46 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 15.31 <b>Result:</b> Decrease	<b>2020 Work RVU:</b> 14.60 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 19.69
<b>RUC Recommendation:</b> 14.60				<b>Referred to CPT</b> October 2015 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

# Status Report: CMS Requests and Relativity Assessment Issues

<b>31582</b>	<b>Laryngoplasty; for laryngeal stenosis, with graft or core mold, including tracheotomy</b>	<b>Global:</b>	<b>Issue:</b> Laryngoplasty	<b>Screen:</b> 090-Day Global Post-Operative Visits	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2015	<b>Tab</b> 09 <b>Specialty Developing Recommendation:</b> AAO-HNS	<b>First Identified:</b> April 2014	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> 22.87 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 24.48 <b>Result:</b> Deleted from CPT	<b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> October 2015 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>31584</b>	<b>Laryngoplasty; with open reduction and fixation of (eg, plating) fracture, includes tracheostomy, if performed</b>	<b>Global:</b> 090	<b>Issue:</b> Laryngoplasty	<b>Screen:</b> 090-Day Global Post-Operative Visits	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 09 <b>Specialty Developing Recommendation:</b> AAO-HNS	<b>First Identified:</b> April 2014	<b>2019 est Medicare Utilization:</b> 15	<b>2007 Work RVU:</b> 20.35 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 17.19 <b>Result:</b> Decrease	<b>2020 Work RVU:</b> 17.58 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 20.18
<b>RUC Recommendation:</b> 20.00		<b>Referred to CPT</b> October 2015 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>31587</b>	<b>Laryngoplasty, cricoid split, without graft placement</b>	<b>Global:</b> 090	<b>Issue:</b> Laryngoplasty	<b>Screen:</b> 090-Day Global Post-Operative Visits	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 09 <b>Specialty Developing Recommendation:</b> AAO-HNS	<b>First Identified:</b> April 2014	<b>2019 est Medicare Utilization:</b> 15	<b>2007 Work RVU:</b> 15.12 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 8.96 <b>Result:</b> Decrease	<b>2020 Work RVU:</b> 15.27 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 16.50
<b>RUC Recommendation:</b> 15.27		<b>Referred to CPT</b> October 2015 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>31588</b>	<b>Laryngoplasty, not otherwise specified (eg, for burns, reconstruction after partial laryngectomy)</b>	<b>Global:</b>	<b>Issue:</b> Laryngoplasty	<b>Screen:</b> 090-Day Global Post-Operative Visits	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 09 <b>Specialty Developing Recommendation:</b> AAO-HNS	<b>First Identified:</b> January 2014	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> 14.62 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 13.07 <b>Result:</b> Deleted from CPT	<b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> October 2015 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		



# Status Report: CMS Requests and Relativity Assessment Issues

## 31591 Laryngoplasty, medialization, unilateral

Global: 090

Issue: Laryngoplasty

Screen: 090-Day Global Post-Operative Visits

Complete? Yes

Most Recent  
RUC Meeting: January 2016

Tab 09

Specialty Developing  
Recommendation: AAOHNS

First  
Identified: October 2015

2019 est  
Medicare  
Utilization: 1,148

2007 Work RVU:

2020 Work RVU: 13.56

2007 NF PE RVU:

2020 NF PE RVU: NA

2007 Fac PE RVU

2020 Fac PE RVU:15.34

Result: Decrease

RUC Recommendation: 15.60

Referred to CPT October 2015

Referred to CPT Asst ☐ Published in CPT Asst:

## 31592 Cricotracheal resection

Global: 090

Issue: Laryngoplasty

Screen: 090-Day Global Post-Operative Visits

Complete? Yes

Most Recent  
RUC Meeting: January 2016

Tab 09

Specialty Developing  
Recommendation: AAOHNS

First  
Identified: October 2015

2019 est  
Medicare  
Utilization: 23

2007 Work RVU:

2020 Work RVU: 25.00

2007 NF PE RVU:

2020 NF PE RVU: NA

2007 Fac PE RVU

2020 Fac PE RVU:20.67

Result: Decrease

RUC Recommendation: 25.00

Referred to CPT October 2015

Referred to CPT Asst ☐ Published in CPT Asst:

## 31600 Tracheostomy, planned (separate procedure);

Global: 000

Issue: Tracheostomy

Screen: CMS High Expenditure  
Procedural Codes2

Complete? Yes

Most Recent  
RUC Meeting: April 2016

Tab 21

Specialty Developing  
Recommendation: AAOHNS

First  
Identified: July 2015

2019 est  
Medicare  
Utilization: 23,498

2007 Work RVU: 7.17

2020 Work RVU: 5.56

2007 NF PE RVU: NA

2020 NF PE RVU: NA

2007 Fac PE RVU 2.95

2020 Fac PE RVU:2.32

Result: Increase

RUC Recommendation: 5.56

Referred to CPT

Referred to CPT Asst ☐ Published in CPT Asst:

## 31601 Tracheostomy, planned (separate procedure); younger than 2 years

Global: 000

Issue: Tracheostomy

Screen: CMS High Expenditure  
Procedural Codes2

Complete? Yes

Most Recent  
RUC Meeting: April 2016

Tab 21

Specialty Developing  
Recommendation: AAOHNS

First  
Identified: July 2015

2019 est  
Medicare  
Utilization: 4

2007 Work RVU: 4.44

2020 Work RVU: 8.00

2007 NF PE RVU: NA

2020 NF PE RVU: NA

2007 Fac PE RVU 2.21

2020 Fac PE RVU:3.83

Result: Increase

RUC Recommendation: 8.00

Referred to CPT

Referred to CPT Asst ☐ Published in CPT Asst:

# Status Report: CMS Requests and Relativity Assessment Issues

## 31603 Tracheostomy, emergency procedure; transtracheal

Global: 000

Issue: Tracheostomy

Screen: CMS High Expenditure  
Procedural Codes2

Complete? Yes

Most Recent  
RUC Meeting: April 2016

Tab 21

Specialty Developing  
Recommendation: AAOHNS

First  
Identified: July 2015

2019 est  
Medicare  
Utilization: 801

2007 Work RVU: 4.14

2020 Work RVU: 6.00

2007 NF PE RVU: NA

2020 NF PE RVU: NA

2007 Fac PE RVU 1.57

2020 Fac PE RVU:2.29

Result: Increase

RUC Recommendation: 6.00

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

## 31605 Tracheostomy, emergency procedure; cricothyroid membrane

Global: 000

Issue: Tracheostomy

Screen: CMS High Expenditure  
Procedural Codes2

Complete? Yes

Most Recent  
RUC Meeting: April 2016

Tab 21

Specialty Developing  
Recommendation: AAOHNS

First  
Identified: July 2015

2019 est  
Medicare  
Utilization: 278

2007 Work RVU: 3.57

2020 Work RVU: 6.45

2007 NF PE RVU: NA

2020 NF PE RVU: NA

2007 Fac PE RVU 1.1

2020 Fac PE RVU:2.01

Result: Increase

RUC Recommendation: 6.45

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

## 31610 Tracheostomy, fenestration procedure with skin flaps

Global: 090

Issue: Tracheostomy

Screen: CMS High Expenditure  
Procedural Codes2

Complete? Yes

Most Recent  
RUC Meeting: October 2016

Tab 15

Specialty Developing  
Recommendation: AAOHNS,  
ACS

First  
Identified: July 2015

2019 est  
Medicare  
Utilization: 1,593

2007 Work RVU: 9.29

2020 Work RVU: 12.00

2007 NF PE RVU: NA

2020 NF PE RVU: NA

2007 Fac PE RVU 7.99

2020 Fac PE RVU:13.52

Result: Increase

RUC Recommendation: 12.00

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

## 31611 Construction of tracheoesophageal fistula and subsequent insertion of an alaryngeal speech prosthesis (eg, voice button, Blom-Singer prosthesis)

Global: 090

Issue: Speech Prosthesis

Screen: Site of Service Anomaly

Complete? Yes

Most Recent  
RUC Meeting: February 2008

Tab S

Specialty Developing  
Recommendation: AAO-HNS

First  
Identified: September 2007

2019 est  
Medicare  
Utilization: 761

2007 Work RVU: 5.92

2020 Work RVU: 6.00

2007 NF PE RVU: NA

2020 NF PE RVU: NA

2007 Fac PE RVU 6.92

2020 Fac PE RVU:8.28

Result: PE Only

RUC Recommendation: Reduce 99238 to 0.5

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

# Status Report: CMS Requests and Relativity Assessment Issues

<b>31620</b>	<b>Endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s) (List separately in addition to code for primary procedure[s])</b>	<b>Global:</b>	<b>Issue:</b> Endobronchial Ultrasound - EBUS	<b>Screen:</b> High Volume Growth2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2015	<b>Tab 05</b>	<b>Specialty Developing Recommendation:</b> ACCP, ATS	<b>First Identified:</b> April 2013	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> 1.40 <b>2007 NF PE RVU:</b> 5.73 <b>2007 Fac PE RVU:</b> 0.5 <b>Result:</b> Deleted from CPT
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> October 2014	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>
<b>31622</b>	<b>Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)</b>	<b>Global:</b> 000	<b>Issue:</b> Bronchial Aspiration of Tracheobronchial Tree	<b>Screen:</b> High Volume Growth2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2015	<b>Tab 05</b>	<b>Specialty Developing Recommendation:</b> ACCP, ATS	<b>First Identified:</b> April 2013	<b>2019 est Medicare Utilization:</b> 52,315	<b>2007 Work RVU:</b> 2.78 <b>2007 NF PE RVU:</b> 5.55 <b>2007 Fac PE RVU:</b> 1.02 <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 2.78			<b>Referred to CPT</b> October 2014	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>
<b>31623</b>	<b>Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with brushing or protected brushings</b>	<b>Global:</b> 000	<b>Issue:</b> Diagnostic Bronchoscopy	<b>Screen:</b> High Volume Growth4	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2017	<b>Tab 09</b>	<b>Specialty Developing Recommendation:</b> ATS, CHEST	<b>First Identified:</b> October 2016	<b>2019 est Medicare Utilization:</b> 26,278	<b>2007 Work RVU:</b> 2.88 <b>2007 NF PE RVU:</b> 6.32 <b>2007 Fac PE RVU:</b> 1.02 <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 2.63			<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>
<b>31624</b>	<b>Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial alveolar lavage</b>	<b>Global:</b> 000	<b>Issue:</b> Diagnostic Bronchoscopy	<b>Screen:</b> High Volume Growth4	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2017	<b>Tab 09</b>	<b>Specialty Developing Recommendation:</b> ATS, CHEST	<b>First Identified:</b> October 2017	<b>2019 est Medicare Utilization:</b> 118,565	<b>2007 Work RVU:</b> 2.88 <b>2007 NF PE RVU:</b> 5.67 <b>2007 Fac PE RVU:</b> 1.02 <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 2.63			<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>

# Status Report: CMS Requests and Relativity Assessment Issues

**31625** Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites **Global:** 000 **Issue:** Endobronchial Ultrasound - **Screen:** High Volume Growth2 **Complete?** Yes  
EBUS

**Most Recent**  
**RUC Meeting:** January 2015

**Tab 05** **Specialty Developing** ATS, CHEST  
**Recommendation:**

**First**  
**Identified:** April 2013

**2019 est**  
**Medicare**  
**Utilization:** 19,149

**2007 Work RVU:** 3.36  
**2007 NF PE RVU:** 5.73  
**2007 Fac PE RVU** 1.17  
**Result:** Maintain

**2020 Work RVU:** 3.11  
**2020 NF PE RVU:** 6.42  
**2020 Fac PE RVU:**1.12

**RUC Recommendation:** 3.36

**Referred to CPT** October 2014  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**31626** Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of fiducial markers, single or multiple **Global:** 000 **Issue:** Endobronchial Ultrasound - **Screen:** High Volume Growth2 **Complete?** Yes  
EBUS

**Most Recent**  
**RUC Meeting:** January 2015

**Tab 05** **Specialty Developing** ACCP, ATS  
**Recommendation:**

**First**  
**Identified:** April 2013

**2019 est**  
**Medicare**  
**Utilization:** 2,173

**2007 Work RVU:**  
**2007 NF PE RVU:**  
**2007 Fac PE RVU**  
**Result:** Maintain

**2020 Work RVU:** 3.91  
**2020 NF PE RVU:** 19.49  
**2020 Fac PE RVU:**1.37

**RUC Recommendation:** 4.16

**Referred to CPT** October 2014  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**31628** Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), single lobe **Global:** 000 **Issue:** Endobronchial Ultrasound - **Screen:** High Volume Growth2 **Complete?** Yes  
EBUS

**Most Recent**  
**RUC Meeting:** January 2015

**Tab 05** **Specialty Developing** ACCP, ATS  
**Recommendation:**

**First**  
**Identified:** April 2013

**2019 est**  
**Medicare**  
**Utilization:** 32,291

**2007 Work RVU:** 3.80  
**2007 NF PE RVU:** 7.02  
**2007 Fac PE RVU** 1.26  
**Result:** Maintain

**2020 Work RVU:** 3.55  
**2020 NF PE RVU:** 6.58  
**2020 Fac PE RVU:**1.24

**RUC Recommendation:** 3.80

**Referred to CPT** October 2014  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**31629** Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), trachea, main stem and/or lobar bronchus(i) **Global:** 000 **Issue:** Endobronchial Ultrasound - **Screen:** High Volume Growth2 **Complete?** Yes  
EBUS

**Most Recent**  
**RUC Meeting:** January 2015

**Tab 05** **Specialty Developing** ACCP, ATS  
**Recommendation:**

**First**  
**Identified:** April 2013

**2019 est**  
**Medicare**  
**Utilization:** 13,745

**2007 Work RVU:** 4.09  
**2007 NF PE RVU:** 13.7  
**2007 Fac PE RVU** 1.35  
**Result:** Decrease

**2020 Work RVU:** 3.75  
**2020 NF PE RVU:** 8.80  
**2020 Fac PE RVU:**1.31

**RUC Recommendation:** 4.00

**Referred to CPT** October 2014  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

**31632** Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), each additional lobe (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Endobronchial Ultrasound - EBUS **Screen:** High Volume Growth2 **Complete?** Yes

**Most Recent RUC Meeting:** January 2015

**Tab 05 Specialty Developing Recommendation:** ACCP, ATS

**First Identified:** April 2013

**2019 est Medicare Utilization:** 3,890

**2007 Work RVU:** 1.03

**2020 Work RVU:** 1.03

**2007 NF PE RVU:** 0.83

**2020 NF PE RVU:** 0.70

**2007 Fac PE RVU:** 0.3

**2020 Fac PE RVU:** 0.31

**Result:** Maintain

**RUC Recommendation:** 1.03

**Referred to CPT**

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

**31633** Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), each additional lobe (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Endobronchial Ultrasound - EBUS **Screen:** High Volume Growth2 **Complete?** Yes

**Most Recent RUC Meeting:** January 2015

**Tab 05 Specialty Developing Recommendation:** ACCP, ATS

**First Identified:** April 2013

**2019 est Medicare Utilization:** 1,196

**2007 Work RVU:** 1.32

**2020 Work RVU:** 1.32

**2007 NF PE RVU:** 0.94

**2020 NF PE RVU:** 0.85

**2007 Fac PE RVU:** 0.38

**2020 Fac PE RVU:** 0.41

**Result:** Maintain

**RUC Recommendation:** 1.32

**Referred to CPT**

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

**31645** Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with therapeutic aspiration of tracheobronchial tree, initial **Global:** 000 **Issue:** Bronchial Aspiration of Tracheobronchial Tree **Screen:** Harvard Valued - Utilization over 30,000-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** October 2016

**Tab 08 Specialty Developing Recommendation:** ATS, CHEST

**First Identified:** October 2015

**2019 est Medicare Utilization:** 35,233

**2007 Work RVU:** 3.16

**2020 Work RVU:** 2.88

**2007 NF PE RVU:** 5.05

**2020 NF PE RVU:** 4.38

**2007 Fac PE RVU:** 1.09

**2020 Fac PE RVU:** 1.09

**Result:** Decrease

**RUC Recommendation:** 2.88

**Referred to CPT** May 2016

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

## Status Report: CMS Requests and Relativity Assessment Issues

<b>31646</b>	<b>Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with therapeutic aspiration of tracheobronchial tree, subsequent, same hospital stay</b>	<b>Global:</b> 000	<b>Issue:</b> Bronchial Aspiration of Tracheobronchial Tree	<b>Screen:</b> Harvard Valued - Utilization over 30,000-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2016	<b>Tab</b> 08	<b>Specialty Developing Recommendation:</b> ATS, CHEST	<b>First Identified:</b> October 2015	<b>2019 est Medicare Utilization:</b> 4,580	<b>2007 Work RVU:</b> 2.72 <b>2007 NF PE RVU:</b> 4.76 <b>2007 Fac PE RVU</b> 0.97 <b>Result:</b> Increase
<b>RUC Recommendation:</b> 2.78			<b>Referred to CPT</b> May 2016 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> 2.78 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 1.06
<hr/>					
<b>31652</b>	<b>Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), one or two mediastinal and/or hilar lymph node stations or structures</b>	<b>Global:</b> 000	<b>Issue:</b> Endobronchial Ultrasound - EBUS	<b>Screen:</b> High Volume Growth2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2015	<b>Tab</b> 05	<b>Specialty Developing Recommendation:</b> ATS, ACCP	<b>First Identified:</b> October 2014	<b>2019 est Medicare Utilization:</b> 25,507	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU</b> <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 5.00			<b>Referred to CPT</b> October 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> 4.46 <b>2020 NF PE RVU:</b> 26.41 <b>2020 Fac PE RVU:</b> 1.53
<hr/>					
<b>31653</b>	<b>Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), 3 or more mediastinal and/or hilar lymph node stations or structures</b>	<b>Global:</b> 000	<b>Issue:</b> Endobronchial Ultrasound - EBUS	<b>Screen:</b> High Volume Growth2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2015	<b>Tab</b> 05	<b>Specialty Developing Recommendation:</b> ATS, ACCP	<b>First Identified:</b> October 2014	<b>2019 est Medicare Utilization:</b> 13,988	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU</b> <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 5.50			<b>Referred to CPT</b> October 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> 4.96 <b>2020 NF PE RVU:</b> 27.21 <b>2020 Fac PE RVU:</b> 1.68

# Status Report: CMS Requests and Relativity Assessment Issues

**31654** Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transendoscopic endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s) for peripheral lesion(s) (List separately in addition to code for primary procedure[s]) **Global:** ZZZ **Issue:** Bronchial Aspiration of Tracheobronchial Tree **Screen:** High Volume Growth2 **Complete?** Yes

**Most Recent RUC Meeting:** January 2015 **Tab** 05 **Specialty Developing Recommendation:** ATS, ACCP **First Identified:** October 2014 **2019 est Medicare Utilization:** 8,214 **2007 Work RVU:** **2020 Work RVU:** 1.40 **2007 NF PE RVU:** **2020 NF PE RVU:** 1.97 **2007 Fac PE RVU** **2020 Fac PE RVU:** 0.43 **Result:** Decrease  
**RUC Recommendation:** 1.70 **Referred to CPT** October 2014 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**32201** Pneumonostomy; with percutaneous drainage of abscess or cyst **Global:** **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** January 2013 **Tab** 04 **Specialty Developing Recommendation:** **First Identified:** January 2012 **2019 est Medicare Utilization:** **2007 Work RVU:** 3.99 **2020 Work RVU:** **2007 NF PE RVU:** 20.21 **2020 NF PE RVU:** **2007 Fac PE RVU** 1.26 **2020 Fac PE RVU:** **Result:** Deleted from CPT  
**RUC Recommendation:** Deleted from CPT **Referred to CPT** October 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**32405** Biopsy, lung or mediastinum, percutaneous needle **Global:** 000 **Issue:** Lung Biopsy-CT Guidance Bundle **Screen:** Codes Reported Together 75%or More-Part4 **Complete?** Yes

**Most Recent RUC Meeting:** April 2019 **Tab** 05 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2017 **2019 est Medicare Utilization:** 70,068 **2007 Work RVU:** 1.93 **2020 Work RVU:** 1.68 **2007 NF PE RVU:** 0.64 **2020 NF PE RVU:** 9.51 **2007 Fac PE RVU** 0.61 **2020 Fac PE RVU:** 0.78 **Result:** Deleted from CPT  
**RUC Recommendation:** Deleted from CPT **Referred to CPT** February 2019 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

### 32420 Pneumocentesis, puncture of lung for aspiration

Global:

Issue: Thoracentesis with Tube Insertion

Screen: Harvard Valued - Utilization over 30,000

Complete? Yes

Most Recent  
RUC Meeting: September 2011

Tab 17

Specialty Developing  
Recommendation:

ACCP, ACR,  
ATS, SIR,  
SCCM, STS

First  
Identified: September 2011

2019 est  
Medicare  
Utilization:

2007 Work RVU: 2.18

2020 Work RVU:

2007 NF PE RVU: NA

2020 NF PE RVU:

2007 Fac PE RVU 0.66

2020 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2012

Referred to CPT Asst ☐ Published in CPT Asst:

### 32421 Thoracentesis, puncture of pleural cavity for aspiration, initial or subsequent

Global:

Issue: Thoracentesis with Tube Insertion

Screen: Harvard Valued - Utilization over 30,000

Complete? Yes

Most Recent  
RUC Meeting: September 2011

Tab 17

Specialty Developing  
Recommendation:

ACCP, ACR,  
ATS, SIR,  
SCCM, STS

First  
Identified: September 2011

2019 est  
Medicare  
Utilization:

2007 Work RVU:

2020 Work RVU:

2007 NF PE RVU:

2020 NF PE RVU:

2007 Fac PE RVU

2020 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2012

Referred to CPT Asst ☐ Published in CPT Asst:

### 32422 Thoracentesis with insertion of tube, includes water seal (eg, for pneumothorax), when performed (separate procedure)

Global:

Issue: Thoracentesis with Tube Insertion

Screen: Harvard Valued - Utilization over 30,000

Complete? Yes

Most Recent  
RUC Meeting: September 2011

Tab 17

Specialty Developing  
Recommendation:

ACCP, ACR,  
ATS, SIR,  
SCCM, STS

First  
Identified: April 2011

2019 est  
Medicare  
Utilization:

2007 Work RVU:

2020 Work RVU:

2007 NF PE RVU:

2020 NF PE RVU:

2007 Fac PE RVU

2020 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2012

Referred to CPT Asst ☐ Published in CPT Asst:



## Status Report: CMS Requests and Relativity Assessment Issues

**32440** Removal of lung, pneumonectomy;

**Global:** 090

**Issue:** RAW Review

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

**Complete?** Yes

**Most Recent RUC Meeting:** January 2013

**Tab** 34

**Specialty Developing Recommendation:**

ACCP, ATS, ACR, ACS, SIR, SCCM, STS

**First Identified:** November 2011

**2019 est Medicare Utilization:** 247

**2007 Work RVU:** 27.17

**2020 Work RVU:** 27.28

**2007 NF PE RVU:** NA

**2020 NF PE RVU:** NA

**2007 Fac PE RVU** 12.44

**2020 Fac PE RVU:**11.78

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

**Referred to CPT**

**Result:** Remove from screen

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

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

**Global:** 090

**Issue:** RAW Review

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

**Complete?** Yes

**Most Recent RUC Meeting:** January 2013

**Tab** 34

**Specialty Developing Recommendation:**

ACCP, ATS, ACR, ACS, SIR, SCCM, STS

**First Identified:** November 2011

**2019 est Medicare Utilization:** 4,630

**2007 Work RVU:** 25.71

**2020 Work RVU:** 25.82

**2007 NF PE RVU:** NA

**2020 NF PE RVU:** NA

**2007 Fac PE RVU** 11.63

**2020 Fac PE RVU:**11.05

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

**Referred to CPT**

**Result:** Remove from Screen

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

## Status Report: CMS Requests and Relativity Assessment Issues

<b>32482</b>	<b>Removal of lung, other than pneumonectomy; 2 lobes (bilobectomy)</b>	<b>Global:</b> 090	<b>Issue:</b> RAW Review	<b>Screen:</b> CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2013	<b>Tab</b> 34	<b>Specialty Developing Recommendation:</b> ACCP, ATS, ACR, ACS, SIR, SCCM, STS	<b>First Identified:</b> November 2011	<b>2019 est Medicare Utilization:</b> 294	<b>2007 Work RVU:</b> 27.28 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 12.48 <b>2020 Work RVU:</b> 27.44 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 12.11
<b>RUC Recommendation:</b> No reliable way to determine incremental difference between open thoracotomy to thoracoscopic procedures.	<b>Referred to CPT</b>		<b>Result:</b> Remove from Screen		
		<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

<b>32491</b>	<b>Removal of lung, other than pneumonectomy; with resection-plication of emphysematous lung(s) (bullous or non-bullous) for lung volume reduction, sternal split or transthoracic approach, includes any pleural procedure, when performed</b>	<b>Global:</b> 090	<b>Issue:</b> RAW Review	<b>Screen:</b> CMS Request to Re-Review Families of Recently Reviewed CPT Codes	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2012	<b>Tab</b> 30	<b>Specialty Developing Recommendation:</b> ACCP, ATS, ACR, ACS, SIR, SCCM, STS	<b>First Identified:</b> November 2011	<b>2019 est Medicare Utilization:</b> 15	<b>2007 Work RVU:</b> 25.09 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 12.13 <b>2020 Work RVU:</b> 25.24 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 11.50
<b>RUC Recommendation:</b> Request further information from CMS	<b>Referred to CPT</b>		<b>Result:</b> Remove from Screen		
		<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

<b>324X0</b>		<b>Global:</b>	<b>Issue:</b> Lung Biopsy-CT Guidance Bundle	<b>Screen:</b> Codes Reported Together 75%or More-Part4	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2019	<b>Tab</b> 05	<b>Specialty Developing Recommendation:</b> ACR, SIR	<b>First Identified:</b> April 2019	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>
<b>RUC Recommendation:</b> 4.00	<b>Referred to CPT</b>		<b>Result:</b> Increase		
		<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

## Status Report: CMS Requests and Relativity Assessment Issues

**32551** Tube thoracostomy, includes connection to drainage system (eg, water seal), when performed, open (separate procedure) **Global:** 000 **Issue:** Chest Tube Thoracostomy **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** April 2012

**Tab** 10

**Specialty Developing Recommendation:**

ACCP, ATS, ACR, ACS, SIR, SCCM, STS

**First Identified:** April 2011

**2019 est Medicare Utilization:** 33,044

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

**2020 Work RVU:** 3.04  
**2020 NF PE RVU:** NA  
**2020 Fac PE RVU:** 0.99

**RUC Recommendation:** 3.50

**Referred to CPT** February 2012

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

**Result:** Increase

**32554** Thoracentesis, needle or catheter, aspiration of the pleural space; without imaging guidance

**Global:** 000

**Issue:** Chest Tube Interventions

**Screen:** Harvard Valued - Utilization over 30,000

**Complete?** Yes

**Most Recent RUC Meeting:** October 2012

**Tab** 04

**Specialty Developing Recommendation:**

ACCP, ACR, ATS, SIR

**First Identified:** October 2012

**2019 est Medicare Utilization:** 13,649

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

**2020 Work RVU:** 1.82  
**2020 NF PE RVU:** 4.32  
**2020 Fac PE RVU:** 0.58

**RUC Recommendation:** 1.82

**Referred to CPT** February 2012

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

**Result:** Decrease

**32555** Thoracentesis, needle or catheter, aspiration of the pleural space; with imaging guidance

**Global:** 000

**Issue:** Chest Tube Interventions

**Screen:** Harvard Valued - Utilization over 30,000

**Complete?** Yes

**Most Recent RUC Meeting:** October 2012

**Tab** 04

**Specialty Developing Recommendation:**

ACCP, ACR, ATS, SIR

**First Identified:** October 2012

**2019 est Medicare Utilization:** 229,865

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

**2020 Work RVU:** 2.27  
**2020 NF PE RVU:** 6.39  
**2020 Fac PE RVU:** 0.76

**RUC Recommendation:** 2.27

**Referred to CPT** February 2012

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

**Result:** Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

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

**Most Recent RUC Meeting:** October 2012      **Tab** 04      **Specialty Developing Recommendation:** ACCP, ACR, ATS, SIR      **First Identified:** October 2012      **2019 est Medicare Utilization:** 3,833      **2007 Work RVU:**      **2020 Work RVU:** 2.50  
**2007 NF PE RVU:**      **2020 NF PE RVU:** 16.27  
**2007 Fac PE RVU**      **2020 Fac PE RVU:** 0.78  
**Result:** Decrease

**RUC Recommendation:** 2.50      **Referred to CPT** February 2012  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

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

**Most Recent RUC Meeting:** October 2012      **Tab** 04      **Specialty Developing Recommendation:** ACCP, ACR, ATS, SIR      **First Identified:** October 2012      **2019 est Medicare Utilization:** 38,244      **2007 Work RVU:**      **2020 Work RVU:** 3.12  
**2007 NF PE RVU:**      **2020 NF PE RVU:** 14.16  
**2007 Fac PE RVU**      **2020 Fac PE RVU:** 1.01  
**Result:** Decrease

**RUC Recommendation:** 3.62      **Referred to CPT** February 2012  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

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**32663** Thoracoscopy, surgical; with lobectomy (single lobe)      **Global:** 090      **Issue:** RAW review      **Screen:** CMS Fastest Growing      **Complete?** Yes

**Most Recent RUC Meeting:** January 2013      **Tab** 34      **Specialty Developing Recommendation:** STS      **First Identified:** October 2008      **2019 est Medicare Utilization:** 9,229      **2007 Work RVU:** 24.56      **2020 Work RVU:** 24.64  
**2007 NF PE RVU:** NA      **2020 NF PE RVU:** NA  
**2007 Fac PE RVU** 10.44      **2020 Fac PE RVU:** 10.21  
**Result:** Remove from Screen

**RUC Recommendation:** No reliable way to determine incremental difference between open thoracotomy to thoracoscopic procedures.      **Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

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# Status Report: CMS Requests and Relativity Assessment Issues

<b>33010</b>	<b>Pericardiocentesis; initial</b>		<b>Global:</b>	<b>Issue:</b> Pericardiocentesis and Pericardial Drainage	<b>Screen:</b> Negative IWPUT	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2019	<b>Tab</b> 04	<b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> September 2018	<b>2019 est Medicare Utilization:</b> 6,698	<b>2007 Work RVU:</b> 2.24 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 0.85 <b>Result:</b> Deleted from CPT	<b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

<b>33011</b>	<b>Pericardiocentesis; subsequent</b>		<b>Global:</b>	<b>Issue:</b> Pericardiocentesis and Pericardial Drainage	<b>Screen:</b> Negative IWPUT	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2019	<b>Tab</b> 04	<b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> September 2018	<b>2019 est Medicare Utilization:</b> 87	<b>2007 Work RVU:</b> 2.24 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 0.89 <b>Result:</b> Deleted from CPT	<b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

<b>33015</b>	<b>Tube pericardiostomy</b>		<b>Global:</b>	<b>Issue:</b> Pericardiocentesis and Pericardial Drainage	<b>Screen:</b> Negative IWPUT	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2019	<b>Tab</b> 04	<b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> April 2017	<b>2019 est Medicare Utilization:</b> 1,147	<b>2007 Work RVU:</b> 8.44 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 4.98 <b>Result:</b> Deleted from CPT	<b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

<b>33016</b>	<b>Pericardiocentesis, including imaging guidance, when performed</b>		<b>Global:</b> 000	<b>Issue:</b> Pericardiocentesis and Pericardial Drainage	<b>Screen:</b> Negative IWPUT	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2019	<b>Tab</b> 04	<b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> September 2018	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Increase	<b>2020 Work RVU:</b> 4.40 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 1.53
<b>RUC Recommendation:</b> 5.00			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

# Status Report: CMS Requests and Relativity Assessment Issues

**33017** Pericardial drainage with insertion of indwelling catheter, percutaneous, including fluoroscopy and/or ultrasound guidance, when performed; 6 years and older without congenital cardiac anomaly **Global:** 000 **Issue:** Pericardiocentesis and Pericardial Drainage **Screen:** Negative IWPUT **Complete?** Yes

**Most Recent RUC Meeting:** January 2019

**Tab** 04

**Specialty Developing Recommendation:**

**First Identified:** September 2018

**2019 est Medicare Utilization:**

**2007 Work RVU:**

**2020 Work RVU:** 4.62

**2007 NF PE RVU:**

**2020 NF PE RVU:** NA

**2007 Fac PE RVU**

**2020 Fac PE RVU:**1.58

**Result:** Increase

**RUC Recommendation:** 5.50

**Referred to CPT** September 2018

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

**33018** Pericardial drainage with insertion of indwelling catheter, percutaneous, including fluoroscopy and/or ultrasound guidance, when performed; birth through 5 years of age or any age with congenital cardiac anomaly **Global:** 000 **Issue:** Pericardiocentesis and Pericardial Drainage **Screen:** Negative IWPUT **Complete?** Yes

**Most Recent RUC Meeting:** January 2019

**Tab** 04

**Specialty Developing Recommendation:**

**First Identified:** September 2018

**2019 est Medicare Utilization:**

**2007 Work RVU:**

**2020 Work RVU:** 5.40

**2007 NF PE RVU:**

**2020 NF PE RVU:** NA

**2007 Fac PE RVU**

**2020 Fac PE RVU:**1.77

**Result:** Increase

**RUC Recommendation:** 6.00

**Referred to CPT** September 2018

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

**33019** Pericardial drainage with insertion of indwelling catheter, percutaneous, including CT guidance **Global:** 000 **Issue:** Pericardiocentesis and Pericardial Drainage **Screen:** Negative IWPUT **Complete?** Yes

**Most Recent RUC Meeting:** January 2019

**Tab** 04

**Specialty Developing Recommendation:**

**First Identified:** September 2018

**2019 est Medicare Utilization:**

**2007 Work RVU:**

**2020 Work RVU:** 4.29

**2007 NF PE RVU:**

**2020 NF PE RVU:** NA

**2007 Fac PE RVU**

**2020 Fac PE RVU:**1.47

**Result:** Increase

**RUC Recommendation:** 5.00

**Referred to CPT** September 2018

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

**33020** Pericardiotomy for removal of clot or foreign body (primary procedure) **Global:** 090 **Issue:** Pericardiotomy **Screen:** Negative IWPUT **Complete?** Yes

**Most Recent RUC Meeting:** April 2018

**Tab** 10

**Specialty Developing Recommendation:** AATS, STS

**First Identified:** April 2018

**2019 est Medicare Utilization:** 122

**2007 Work RVU:** 14.87

**2020 Work RVU:** 14.31

**2007 NF PE RVU:** NA

**2020 NF PE RVU:** NA

**2007 Fac PE RVU** 6.71

**2020 Fac PE RVU:**6.32

**Result:** Decrease

**RUC Recommendation:** 14.31

**Referred to CPT** May 2018

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

## Status Report: CMS Requests and Relativity Assessment Issues

### 33025 Creation of pericardial window or partial resection for drainage

Global: 090

Issue: Pericardiotomy

Screen: Negative IWPUT

Complete? Yes

Most Recent  
RUC Meeting: April 2018

Tab 10

Specialty Developing  
Recommendation: AATS, STS

First  
Identified: April 2017

2019 est  
Medicare  
Utilization: 4,535

2007 Work RVU: 13.65

2020 Work RVU: 13.20

2007 NF PE RVU: NA

2020 NF PE RVU: NA

2007 Fac PE RVU 6.25

2020 Fac PE RVU:6.06

Result: Decrease

RUC Recommendation: 13.20

Referred to CPT May 2018

Referred to CPT Asst ☐ Published in CPT Asst:

### 33207 Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular

Global: 090

Issue: Pacemaker or Pacing  
Carioverter - Defibrillator

Screen: Codes Reported  
Together 75% or More-  
Part1

Complete? Yes

Most Recent  
RUC Meeting: April 2011

Tab 10

Specialty Developing  
Recommendation: ACC

First  
Identified: February 2010

2019 est  
Medicare  
Utilization: 11,733

2007 Work RVU: 9.05

2020 Work RVU: 7.80

2007 NF PE RVU: NA

2020 NF PE RVU: NA

2007 Fac PE RVU 4.95

2020 Fac PE RVU:4.40

Result: Maintain

RUC Recommendation: 8.05

Referred to CPT February 2011

Referred to CPT Asst ☐ Published in CPT Asst:

### 33208 Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular

Global: 090

Issue: Pacemaker or Pacing  
Carioverter - Defibrillator

Screen: Codes Reported  
Together 75% or More-  
Part1

Complete? Yes

Most Recent  
RUC Meeting: April 2011

Tab 10

Specialty Developing  
Recommendation: ACC

First  
Identified: February 2010

2019 est  
Medicare  
Utilization: 103,628

2007 Work RVU: 8.12

2020 Work RVU: 8.52

2007 NF PE RVU: NA

2020 NF PE RVU: NA

2007 Fac PE RVU 4.95

2020 Fac PE RVU:4.72

Result: Maintain

RUC Recommendation: 8.77

Referred to CPT February 2011

Referred to CPT Asst ☐ Published in CPT Asst:

## Status Report: CMS Requests and Relativity Assessment Issues

**33212** Insertion of pacemaker pulse generator only; with existing single lead

**Global:** 090

**Issue:** Pacemaker or Pacing  
Carioverter - Defibrillator

**Screen:** Codes Reported  
Together 75% or More-  
Part1

**Complete?** Yes

**Most Recent  
RUC Meeting:** September 2011

**Tab** 04

**Specialty Developing  
Recommendation:** ACC

**First  
Identified:** February 2010

**2019 est  
Medicare  
Utilization:** 317

**2007 Work RVU:** 5.51

**2020 Work RVU:** 5.01

**2007 NF PE RVU:** NA

**2020 NF PE RVU:** NA

**2007 Fac PE RVU** 3.46

**2020 Fac PE RVU:**3.20

**Result:** Decrease

**RUC Recommendation:** 5.26

**Referred to CPT** February 2011

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

**33213** Insertion of pacemaker pulse generator only; with existing dual leads

**Global:** 090

**Issue:** Pacemaker or Pacing  
Carioverter - Defibrillator

**Screen:** CMS Fastest Growing /  
Codes Reported  
Together 75% or More-  
Part1

**Complete?** Yes

**Most Recent  
RUC Meeting:** September 2011

**Tab** 04

**Specialty Developing  
Recommendation:** ACC

**First  
Identified:** October 2008

**2019 est  
Medicare  
Utilization:** 1,113

**2007 Work RVU:** 6.36

**2020 Work RVU:** 5.28

**2007 NF PE RVU:** NA

**2020 NF PE RVU:** NA

**2007 Fac PE RVU** 3.87

**2020 Fac PE RVU:**3.28

**Result:** Decrease

**RUC Recommendation:** 5.53

**Referred to CPT** February 2011

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

**33221** Insertion of pacemaker pulse generator only; with existing multiple leads

**Global:** 090

**Issue:** Pacemaker or Pacing  
Carioverter - Defibrillator

**Screen:** Codes Reported  
Together 75% or More-  
Part1

**Complete?** Yes

**Most Recent  
RUC Meeting:** September 2011

**Tab** 04

**Specialty Developing  
Recommendation:** ACC

**First  
Identified:** April 2011

**2019 est  
Medicare  
Utilization:** 268

**2007 Work RVU:**

**2020 Work RVU:** 5.55

**2007 NF PE RVU:**

**2020 NF PE RVU:** NA

**2007 Fac PE RVU**

**2020 Fac PE RVU:**3.70

**Result:** Decrease

**RUC Recommendation:** 5.80

**Referred to CPT** February 2011

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



## Status Report: CMS Requests and Relativity Assessment Issues

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

**Global:** 090

**Issue:** Pacemaker or Pacing  
Carioverter - Defibrillator

**Screen:** Codes Reported  
Together 75% or More-  
Part1

**Complete?** Yes

**Most Recent  
RUC Meeting:** September 2011

**Tab** 04

**Specialty Developing  
Recommendation:** ACC

**First  
Identified:** April 2011

**2019 est  
Medicare  
Utilization:** 3,452

**2007 Work RVU:**

**2020 Work RVU:** 5.25

**2007 NF PE RVU:**

**2020 NF PE RVU:** NA

**2007 Fac PE RVU**

**2020 Fac PE RVU:**3.40

**Result:** Decrease

**RUC Recommendation:** 5.50

**Referred to CPT** February 2011

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

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

**Global:** 090

**Issue:** Pacemaker or Pacing  
Carioverter - Defibrillator

**Screen:** Codes Reported  
Together 75% or More-  
Part1

**Complete?** Yes

**Most Recent  
RUC Meeting:** September 2011

**Tab** 04

**Specialty Developing  
Recommendation:** ACC

**First  
Identified:** April 2011

**2019 est  
Medicare  
Utilization:** 24,395

**2007 Work RVU:**

**2020 Work RVU:** 5.52

**2007 NF PE RVU:**

**2020 NF PE RVU:** NA

**2007 Fac PE RVU**

**2020 Fac PE RVU:**3.52

**Result:** Decrease

**RUC Recommendation:** 5.77

**Referred to CPT** February 2011

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

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

**Global:** 090

**Issue:** Pacemaker or Pacing  
Carioverter - Defibrillator

**Screen:** Codes Reported  
Together 75% or More-  
Part1

**Complete?** Yes

**Most Recent  
RUC Meeting:** September 2011

**Tab** 04

**Specialty Developing  
Recommendation:** ACC

**First  
Identified:** April 2011

**2019 est  
Medicare  
Utilization:** 5,526

**2007 Work RVU:**

**2020 Work RVU:** 5.79

**2007 NF PE RVU:**

**2020 NF PE RVU:** NA

**2007 Fac PE RVU**

**2020 Fac PE RVU:**3.80

**Result:** Decrease

**RUC Recommendation:** 6.04

**Referred to CPT** February 2011

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

## Status Report: CMS Requests and Relativity Assessment Issues

<b>33230</b>	Insertion of implantable defibrillator pulse generator only; with existing dual leads	<b>Global:</b> 090	<b>Issue:</b> Pacemaker or Pacing Carioverter - Defibrillator	<b>Screen:</b> Codes Reported Together 75% or More- Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2011	<b>Tab</b> 04 <b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> April 2011	<b>2019 est Medicare Utilization:</b> 140	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease	<b>2020 Work RVU:</b> 6.07 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 3.70
<b>RUC Recommendation:</b> 6.32		<b>Referred to CPT</b> February 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>33231</b>	Insertion of implantable defibrillator pulse generator only; with existing multiple leads	<b>Global:</b> 090	<b>Issue:</b> Pacemaker or Pacing Carioverter - Defibrillator	<b>Screen:</b> Codes Reported Together 75% or More- Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2011	<b>Tab</b> 04 <b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> April 2011	<b>2019 est Medicare Utilization:</b> 121	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease	<b>2020 Work RVU:</b> 6.34 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 3.91
<b>RUC Recommendation:</b> 6.59		<b>Referred to CPT</b> February 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>33233</b>	Removal of permanent pacemaker pulse generator only	<b>Global:</b> 090	<b>Issue:</b> Pacemaker or Pacing Carioverter - Defibrillator	<b>Screen:</b> Codes Reported Together 75% or More- Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2011	<b>Tab</b> 10 <b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> February 2010	<b>2019 est Medicare Utilization:</b> 8,743	<b>2007 Work RVU:</b> 3.33 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU Result:</b> Maintain	<b>2020 Work RVU:</b> 3.14 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 2.86
<b>RUC Recommendation:</b> 3.39		<b>Referred to CPT</b> February 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

## Status Report: CMS Requests and Relativity Assessment Issues

<b>33240</b>	Insertion of implantable defibrillator pulse generator only; with existing single lead	<b>Global:</b> 090	<b>Issue:</b> Pacemaker or Pacing Carioverter - Defibrillator	<b>Screen:</b> Codes Reported Together 75% or More- Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2011	<b>Tab</b> 04 <b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> February 2010	<b>2019 est Medicare Utilization:</b> 217	<b>2007 Work RVU:</b> 7.61 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 4.79 <b>Result:</b> Decrease	<b>2020 Work RVU:</b> 5.80 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 3.50
<b>RUC Recommendation:</b> 6.06		<b>Referred to CPT</b> February 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
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<b>33241</b>	Removal of implantable defibrillator pulse generator only	<b>Global:</b> 090	<b>Issue:</b> Pacemaker or Pacing Carioverter - Defibrillator	<b>Screen:</b> Codes Reported Together 75% or More- Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2011	<b>Tab</b> 10 <b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> February 2010	<b>2019 est Medicare Utilization:</b> 6,043	<b>2007 Work RVU:</b> 3.26 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 2.99 <b>Result:</b> Maintain	<b>2020 Work RVU:</b> 3.04 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 2.51
<b>RUC Recommendation:</b> 3.29		<b>Referred to CPT</b> February 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
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<b>33249</b>	Insertion or replacement of permanent implantable defibrillator system, with transvenous lead(s), single or dual chamber	<b>Global:</b> 090	<b>Issue:</b> Pacemaker or Pacing Carioverter - Defibrillator	<b>Screen:</b> Codes Reported Together 75% or More- Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2011	<b>Tab</b> 10 <b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> February 2010	<b>2019 est Medicare Utilization:</b> 42,661	<b>2007 Work RVU:</b> 15.02 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 8.89 <b>Result:</b> Maintain	<b>2020 Work RVU:</b> 14.92 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 8.41
<b>RUC Recommendation:</b> 15.17		<b>Referred to CPT</b> February 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

## Status Report: CMS Requests and Relativity Assessment Issues

<b>33262</b>	<b>Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; single lead system</b>	<b>Global:</b> 090	<b>Issue:</b> Pacemaker or Pacing Carioverter - Defibrillator	<b>Screen:</b> Codes Reported Together 75% or More- Part1	<b>Complete?</b> Yes
<b>Most Recent</b> <b>RUC Meeting:</b> September 2011	<b>Tab</b> 04 <b>Specialty Developing</b> ACC <b>Recommendation:</b>	<b>First Identified:</b> April 2011	<b>2019 est Medicare Utilization:</b> 3,000	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU</b> <b>Result:</b> Decrease	<b>2020 Work RVU:</b> 5.81 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 3.74
<b>RUC Recommendation:</b> 6.06		<b>Referred to CPT</b> February 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>33263</b>	<b>Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; dual lead system</b>	<b>Global:</b> 090	<b>Issue:</b> Pacemaker or Pacing Carioverter - Defibrillator	<b>Screen:</b> Codes Reported Together 75% or More- Part1	<b>Complete?</b> Yes
<b>Most Recent</b> <b>RUC Meeting:</b> September 2011	<b>Tab</b> 04 <b>Specialty Developing</b> ACC <b>Recommendation:</b>	<b>First Identified:</b> April 2011	<b>2019 est Medicare Utilization:</b> 7,980	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU</b> <b>Result:</b> Decrease	<b>2020 Work RVU:</b> 6.08 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 3.85
<b>RUC Recommendation:</b> 6.33		<b>Referred to CPT</b> February 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>33264</b>	<b>Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; multiple lead system</b>	<b>Global:</b> 090	<b>Issue:</b> Pacemaker or Pacing Carioverter - Defibrillator	<b>Screen:</b> Codes Reported Together 75% or More- Part1	<b>Complete?</b> Yes
<b>Most Recent</b> <b>RUC Meeting:</b> September 2011	<b>Tab</b> 04 <b>Specialty Developing</b> ACC <b>Recommendation:</b>	<b>First Identified:</b> April 2011	<b>2019 est Medicare Utilization:</b> 11,831	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU</b> <b>Result:</b> Decrease	<b>2020 Work RVU:</b> 6.35 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 4.00
<b>RUC Recommendation:</b> 6.60		<b>Referred to CPT</b> February 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

## Status Report: CMS Requests and Relativity Assessment Issues

**33282** Implantation of patient-activated cardiac event recorder

**Global:**

**Issue:** Implantation and Removal of Patient Activated Cardiac Event Recorder

**Screen:** CMS Request - Final Rule for 2013

**Complete?** Yes

**Most Recent RUC Meeting:** April 2013

**Tab** 20

**Specialty Developing Recommendation:**

**First Identified:** October 2012

**2019 est Medicare Utilization:**

**2007 Work RVU:** 4.70

**2020 Work RVU:**

**2007 NF PE RVU:** NA

**2020 NF PE RVU:**

**2007 Fac PE RVU** 4.1

**2020 Fac PE RVU:**

**Result:** Decrease

**RUC Recommendation:** 3.50

**Referred to CPT** February 2017

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

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

**Global:**

**Issue:** Implantation and Removal of Patient Activated Cardiac Event Recorder

**Screen:** CMS Request - Final Rule for 2013

**Complete?** Yes

**Most Recent RUC Meeting:** April 2013

**Tab** 20

**Specialty Developing Recommendation:**

**First Identified:** October 2012

**2019 est Medicare Utilization:**

**2007 Work RVU:** 3.04

**2020 Work RVU:**

**2007 NF PE RVU:** NA

**2020 NF PE RVU:**

**2007 Fac PE RVU** 3.5

**2020 Fac PE RVU:**

**Result:** Decrease

**RUC Recommendation:** 3.00

**Referred to CPT** February 2017

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

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

**Global:** 090

**Issue:** Valve Replacement and CABG Procedures

**Screen:** CMS High Expenditure Procedural Codes1

**Complete?** Yes

**Most Recent RUC Meeting:** April 2012

**Tab** 40

**Specialty Developing Recommendation:** STS

**First Identified:** September 2011

**2019 est Medicare Utilization:** 17,344

**2007 Work RVU:** 41.19

**2020 Work RVU:** 41.32

**2007 NF PE RVU:** NA

**2020 NF PE RVU:** NA

**2007 Fac PE RVU** 17.58

**2020 Fac PE RVU:** 15.08

**Result:** Maintain

**RUC Recommendation:** 41.32

**Referred to CPT**

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

# Status Report: CMS Requests and Relativity Assessment Issues

**33430** Replacement, mitral valve, with cardiopulmonary bypass

**Global:** 090

**Issue:** Valve Replacement and CABG Procedures

**Screen:** High IWP/UT / CMS High Expenditure Procedural Codes1

**Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2012

**Tab** 40

**Specialty Developing** STS  
**Recommendation:**

**First Identified:** February 2008

**2019 est Medicare Utilization:** 7,658

**2007 Work RVU:** 50.75

**2020 Work RVU:** 50.93

**2007 NF PE RVU:** NA

**2020 NF PE RVU:** NA

**2007 Fac PE RVU** 17.71

**2020 Fac PE RVU:**18.64

**Result:** Maintain

**RUC Recommendation:** 50.93

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

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

**Global:** 090

**Issue:** Valve Replacement and CABG Procedures

**Screen:** CMS High Expenditure Procedural Codes1

**Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2012

**Tab** 40

**Specialty Developing** STS  
**Recommendation:**

**First Identified:** September 2011

**2019 est Medicare Utilization:** 60,180

**2007 Work RVU:** 33.64

**2020 Work RVU:** 33.75

**2007 NF PE RVU:** NA

**2020 NF PE RVU:** NA

**2007 Fac PE RVU** 15.55

**2020 Fac PE RVU:**12.78

**Result:** Increase

**RUC Recommendation:** 34.98

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**33620** Application of right and left pulmonary artery bands (eg, hybrid approach stage 1)

**Global:** 090

**Issue:** New Technology Review

**Screen:** New Technology/New Services / CPT Assistant Analysis 2018

**Complete?** Yes

**Most Recent**  
**RUC Meeting:** January 2019

**Tab** 37

**Specialty Developing** STS  
**Recommendation:**

**First Identified:** January 2015

**2019 est Medicare Utilization:** 56

**2007 Work RVU:**

**2020 Work RVU:** 30.00

**2007 NF PE RVU:**

**2020 NF PE RVU:** NA

**2007 Fac PE RVU**

**2020 Fac PE RVU:**10.93

**Result:** Maintain

**RUC Recommendation:** CPT Article published July 2016. Maintain, CPT Assistant addressed issues identified.

**Referred to CPT**

**Referred to CPT Asst** ☒

**Published in CPT Asst:** July 2016

# Status Report: CMS Requests and Relativity Assessment Issues

<b>33621</b>	<b>Transthoracic insertion of catheter for stent placement with catheter removal and closure (eg, hybrid approach stage 1)</b>	<b>Global:</b> 090	<b>Issue:</b> New Technology Review	<b>Screen:</b> New Technology/New Services / CPT Assistant Analysis 2018	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2019	<b>Tab</b> 37 <b>Specialty Developing Recommendation:</b> STS	<b>First Identified:</b> January 2015	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Maintain	<b>2020 Work RVU:</b> 16.18 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 7.03
<b>RUC Recommendation:</b> CPT Article published July 2016. Maintain, CPT Assistant addressed issues identified.		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>		<b>Published in CPT Asst:</b> July 2016	
<b>33622</b>	<b>Reconstruction of complex cardiac anomaly (eg, single ventricle or hypoplastic left heart) with palliation of single ventricle with aortic outflow obstruction and aortic arch hypoplasia, creation of cavopulmonary anastomosis, and removal of right and left pulmonary bands (eg, hybrid approach stage 2, Norwood, bidirectional Glenn, pulmonary artery debanding)</b>	<b>Global:</b> 090	<b>Issue:</b> New Technology Review	<b>Screen:</b> New Technology/New Services / CPT Assistant Analysis 2018	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2019	<b>Tab</b> 37 <b>Specialty Developing Recommendation:</b> STS	<b>First Identified:</b> January 2015	<b>2019 est Medicare Utilization:</b> 1	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Maintain	<b>2020 Work RVU:</b> 64.00 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 20.86
<b>RUC Recommendation:</b> CPT Article published July 2016. Maintain, CPT Assistant addressed issues identified.		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>		<b>Published in CPT Asst:</b> July 2016	
<b>33863</b>	<b>Ascending aorta graft, with cardiopulmonary bypass, with aortic root replacement using valved conduit and coronary reconstruction (eg, Bentall)</b>	<b>Global:</b> 090	<b>Issue:</b> Aortic Graft	<b>Screen:</b> High IWPUT	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2008	<b>Tab</b> S <b>Specialty Developing Recommendation:</b> STS, AATS	<b>First Identified:</b> February 2008	<b>2019 est Medicare Utilization:</b> 1,812	<b>2007 Work RVU:</b> 58.71 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU Result:</b> Remove from Screen	<b>2020 Work RVU:</b> 58.79 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 19.20
<b>RUC Recommendation:</b> Remove from screen		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>	

# Status Report: CMS Requests and Relativity Assessment Issues

## 33945 Heart transplant, with or without recipient cardiectomy

Global: 090 Issue: ECMO-ECLS

Screen: CMS Request - Final Rule for 2014

Complete? Yes

Most Recent  
RUC Meeting: April 2014

Tab 11

Specialty Developing  
Recommendation: STS, AAP, ACC, SCAI

First  
Identified: November 2014

2019 est  
Medicare  
Utilization: 667

2007 Work RVU: 89.08

2020 Work RVU: 89.50

2007 NF PE RVU: NA

2020 NF PE RVU: NA

2007 Fac PE RVU 23.74

2020 Fac PE RVU:30.77

Result: Maintain

RUC Recommendation: 16.00

Referred to CPT February 2014

Referred to CPT Asst ☐ Published in CPT Asst:

## 33946 Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; initiation, veno-venous

Global: XXX Issue: ECMO-ECLS

Screen: CMS Request - Final Rule for 2014

Complete? Yes

Most Recent  
RUC Meeting: April 2014

Tab 11

Specialty Developing  
Recommendation: STS, AAP, ACC, SCAI, ACCP

First  
Identified: November 2014

2019 est  
Medicare  
Utilization: 603

2007 Work RVU:

2020 Work RVU: 6.00

2007 NF PE RVU:

2020 NF PE RVU: NA

2007 Fac PE RVU

2020 Fac PE RVU:1.76

Result: Maintain

RUC Recommendation: 6.00

Referred to CPT February 2014

Referred to CPT Asst ☐ Published in CPT Asst:

## 33947 Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; initiation, veno-arterial

Global: XXX Issue: ECMO-ECLS

Screen: CMS Request - Final Rule for 2014

Complete? Yes

Most Recent  
RUC Meeting: April 2014

Tab 11

Specialty Developing  
Recommendation: STS, AAP, ACC, SCAI, ACCP

First  
Identified: November 2013

2019 est  
Medicare  
Utilization: 1,395

2007 Work RVU:

2020 Work RVU: 6.63

2007 NF PE RVU:

2020 NF PE RVU: NA

2007 Fac PE RVU

2020 Fac PE RVU:1.94

Result: Maintain

RUC Recommendation: 6.63

Referred to CPT February 2014

Referred to CPT Asst ☐ Published in CPT Asst:

## 33948 Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; daily management, each day, veno-venous

Global: XXX Issue: ECMO-ECLS

Screen: CMS Request - Final Rule for 2014

Complete? Yes

Most Recent  
RUC Meeting: April 2014

Tab 11

Specialty Developing  
Recommendation: STS, AAP, ACC, SCAI, ACCP

First  
Identified: November 2013

2019 est  
Medicare  
Utilization: 4,436

2007 Work RVU:

2020 Work RVU: 4.73

2007 NF PE RVU:

2020 NF PE RVU: NA

2007 Fac PE RVU

2020 Fac PE RVU:1.46

Result: Maintain

RUC Recommendation: 4.73

Referred to CPT February 2014

Referred to CPT Asst ☐ Published in CPT Asst:



## Status Report: CMS Requests and Relativity Assessment Issues

**33949** Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; daily management, each day, veno-arterial **Global:** XXX **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab 11 Specialty Developing Recommendation:** STS, AAP, ACC, SCAI, ACCP

**First Identified:** November 2013 **2019 est Medicare Utilization:** 5,342

**2007 Work RVU:** **2020 Work RVU:** 4.60  
**2007 NF PE RVU:** **2020 NF PE RVU:** NA  
**2007 Fac PE RVU** **2020 Fac PE RVU:**1.37  
**Result:** Maintain

**RUC Recommendation:** 4.60

**Referred to CPT** February 2014  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**33951** Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age (includes fluoroscopic guidance, when performed) **Global:** 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab 11 Specialty Developing Recommendation:** STS, AAP, ACC, SCAI

**First Identified:** November 2013 **2019 est Medicare Utilization:** 1

**2007 Work RVU:** **2020 Work RVU:** 8.15  
**2007 NF PE RVU:** **2020 NF PE RVU:** NA  
**2007 Fac PE RVU** **2020 Fac PE RVU:**2.32  
**Result:** Maintain

**RUC Recommendation:** 8.15

**Referred to CPT** February 2014  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**33952** Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance, when performed) **Global:** 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab 11 Specialty Developing Recommendation:** STS, AAP, ACC, SCAI

**First Identified:** November 2013 **2019 est Medicare Utilization:** 1,439

**2007 Work RVU:** **2020 Work RVU:** 8.15  
**2007 NF PE RVU:** **2020 NF PE RVU:** NA  
**2007 Fac PE RVU** **2020 Fac PE RVU:**2.50  
**Result:** Maintain

**RUC Recommendation:** 8.43

**Referred to CPT** February 2014  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

<b>33953</b>	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age	<b>Global:</b> 000	<b>Issue:</b> ECMO-ECLS	<b>Screen:</b> CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 11 <b>Specialty Developing Recommendation:</b> STS, AAP, ACC, SCAI	<b>First Identified:</b> November 2013	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Maintain	<b>2020 Work RVU:</b> 9.11 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 2.58
<b>RUC Recommendation:</b> 9.83		<b>Referred to CPT</b> February 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>33954</b>	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), open, 6 years and older	<b>Global:</b> 000	<b>Issue:</b> ECMO-ECLS	<b>Screen:</b> CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 11 <b>Specialty Developing Recommendation:</b> STS, AAP, ACC, SCAI	<b>First Identified:</b> November 2014	<b>2019 est Medicare Utilization:</b> 354	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Maintain	<b>2020 Work RVU:</b> 9.11 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 2.68
<b>RUC Recommendation:</b> 9.43		<b>Referred to CPT</b> February 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>33956</b>	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of central cannula(e) by sternotomy or thoracotomy, 6 years and older	<b>Global:</b> 000	<b>Issue:</b> ECMO-ECLS	<b>Screen:</b> CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 11 <b>Specialty Developing Recommendation:</b> STS, AAP, ACC, SCAI	<b>First Identified:</b> November 2014	<b>2019 est Medicare Utilization:</b> 352	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Maintain	<b>2020 Work RVU:</b> 16.00 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 4.60
<b>RUC Recommendation:</b> 16.00		<b>Referred to CPT</b> February 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

## Status Report: CMS Requests and Relativity Assessment Issues

<b>33957</b>	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age (includes fluoroscopic guidance, when performed)	<b>Global:</b> 000	<b>Issue:</b> ECMO-ECLS	<b>Screen:</b> CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 11	<b>Specialty Developing Recommendation:</b> STS, AAP, ACC, SCAI	<b>First Identified:</b> November 2014	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Maintain <b>2020 Work RVU:</b> 3.51 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 1.06
<b>RUC Recommendation:</b> 4.00			<b>Referred to CPT</b> February 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
<b>33958</b>	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance, when performed)	<b>Global:</b> 000	<b>Issue:</b> ECMO-ECLS	<b>Screen:</b> CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 11	<b>Specialty Developing Recommendation:</b> STS, AAP, ACC, SCAI	<b>First Identified:</b> November 2014	<b>2019 est Medicare Utilization:</b> 72	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Maintain <b>2020 Work RVU:</b> 3.51 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 1.06
<b>RUC Recommendation:</b> 4.05			<b>Referred to CPT</b> February 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
<b>33959</b>	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age (includes fluoroscopic guidance, when performed)	<b>Global:</b> 000	<b>Issue:</b> ECMO-ECLS	<b>Screen:</b> CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 11	<b>Specialty Developing Recommendation:</b> STS, AAP, ACC, SCAI	<b>First Identified:</b> November 2014	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Maintain <b>2020 Work RVU:</b> 4.47 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 1.31
<b>RUC Recommendation:</b> 4.69			<b>Referred to CPT</b> February 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	

# Status Report: CMS Requests and Relativity Assessment Issues

<b>33960</b>	<b>Prolonged extracorporeal circulation for cardiopulmonary insufficiency; initial day</b>	<b>Global:</b>	<b>Issue:</b> ECMO-ECLS	<b>Screen:</b> CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 11	<b>Specialty Developing Recommendation:</b> STS, AAP, ACC, SCAI, ACCP	<b>First Identified:</b> July 2013	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> 19.33 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 5.09 <b>Result:</b> Deleted from CPT
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> February 2014	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>

<b>33961</b>	<b>Prolonged extracorporeal circulation for cardiopulmonary insufficiency; each subsequent day</b>	<b>Global:</b>	<b>Issue:</b> ECMO-ECLS	<b>Screen:</b> CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 11	<b>Specialty Developing Recommendation:</b> STS, AAP, ACC, SCAI, ACCP	<b>First Identified:</b> July 2013	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> 10.91 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 3.45 <b>Result:</b> Deleted from CPT
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> February 2014	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>

<b>33962</b>	<b>Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), open, 6 years and older (includes fluoroscopic guidance, when performed)</b>	<b>Global:</b> 000	<b>Issue:</b> ECMO-ECLS	<b>Screen:</b> CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 11	<b>Specialty Developing Recommendation:</b> STS, AAP, ACC, SCAI	<b>First Identified:</b> November 2014	<b>2019 est Medicare Utilization:</b> 20	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 4.73			<b>Referred to CPT</b> February 2014	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>

## Status Report: CMS Requests and Relativity Assessment Issues

33963	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age (includes fluoroscopic guidance, when performed)	Global: 000	Issue: ECMO-ECLS	Screen: CMS Request - Final Rule for 2014	Complete? Yes
Most Recent RUC Meeting: April 2014	Tab 11 Specialty Developing Recommendation: STS, AAP, ACC, SCAI	First Identified: November 2014	2019 est Medicare Utilization:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Maintain	2020 Work RVU: 9.00 2020 NF PE RVU: NA 2020 Fac PE RVU:2.55
RUC Recommendation: 9.00		Referred to CPT February 2014 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
33964	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition central cannula(e) by sternotomy or thoracotomy, 6 years and older (includes fluoroscopic guidance, when performed)	Global: 000	Issue: ECMO-ECLS	Screen: CMS Request - Final Rule for 2014	Complete? Yes
Most Recent RUC Meeting: April 2014	Tab 11 Specialty Developing Recommendation: STS, AAP, ACC, SCAI	First Identified: November 2014	2019 est Medicare Utilization: 22	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Maintain	2020 Work RVU: 9.50 2020 NF PE RVU: NA 2020 Fac PE RVU:2.69
RUC Recommendation: 9.50		Referred to CPT February 2014 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
33965	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age	Global: 000	Issue: ECMO-ECLS	Screen: CMS Request - Final Rule for 2014	Complete? Yes
Most Recent RUC Meeting: April 2014	Tab 11 Specialty Developing Recommendation: STS, AAP, ACC, SCAI	First Identified: November 2014	2019 est Medicare Utilization:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Maintain	2020 Work RVU: 3.51 2020 NF PE RVU: NA 2020 Fac PE RVU:1.06
RUC Recommendation: 3.51		Referred to CPT February 2014 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

## Status Report: CMS Requests and Relativity Assessment Issues

<b>33966</b>	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older	<b>Global:</b> 000	<b>Issue:</b> ECMO-ECLS	<b>Screen:</b> CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 11 <b>Specialty Developing Recommendation:</b> STS, AAP, ACC, SCAI	<b>First Identified:</b> November 2014	<b>2019 est Medicare Utilization:</b> 383	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Maintain	<b>2020 Work RVU:</b> 4.50 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 1.41
<b>RUC Recommendation:</b> 4.50		<b>Referred to CPT</b> February 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>33969</b>	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age	<b>Global:</b> 000	<b>Issue:</b> ECMO-ECLS	<b>Screen:</b> CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 11 <b>Specialty Developing Recommendation:</b> STS, AAP, ACC, SCAI	<b>First Identified:</b> November 2014	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Maintain	<b>2020 Work RVU:</b> 5.22 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 1.52
<b>RUC Recommendation:</b> 6.00		<b>Referred to CPT</b> February 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>33984</b>	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), open, 6 years and older	<b>Global:</b> 000	<b>Issue:</b> ECMO-ECLS	<b>Screen:</b> CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 11 <b>Specialty Developing Recommendation:</b> STS, AAP, ACC, SCAI	<b>First Identified:</b> November 2014	<b>2019 est Medicare Utilization:</b> 543	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Maintain	<b>2020 Work RVU:</b> 5.46 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 1.54
<b>RUC Recommendation:</b> 6.38		<b>Referred to CPT</b> February 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

## Status Report: CMS Requests and Relativity Assessment Issues

<b>33985</b>	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age	<b>Global:</b> 000	<b>Issue:</b> ECMO-ECLS	<b>Screen:</b> CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 11 <b>Specialty Developing Recommendation:</b> STS, AAP, ACC, SCAI	<b>First Identified:</b> November 2014	<b>2019 est Medicare Utilization:</b> 1	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Maintain	<b>2020 Work RVU:</b> 9.89 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 2.80
<b>RUC Recommendation:</b> 9.89		<b>Referred to CPT</b> February 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>33986</b>	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of central cannula(e) by sternotomy or thoracotomy, 6 years and older	<b>Global:</b> 000	<b>Issue:</b> ECMO-ECLS	<b>Screen:</b> CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 11 <b>Specialty Developing Recommendation:</b> STS, AAP, ACC, SCAI	<b>First Identified:</b> November 2014	<b>2019 est Medicare Utilization:</b> 221	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Maintain	<b>2020 Work RVU:</b> 10.00 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 2.92
<b>RUC Recommendation:</b> 10.00		<b>Referred to CPT</b> February 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>33987</b>	Arterial exposure with creation of graft conduit (eg, chimney graft) to facilitate arterial perfusion for ECMO/ECLS (List separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> ECMO-ECLS	<b>Screen:</b> CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 11 <b>Specialty Developing Recommendation:</b> STS, AAP, ACC, SCAI	<b>First Identified:</b> November 2014	<b>2019 est Medicare Utilization:</b> 41	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Maintain	<b>2020 Work RVU:</b> 4.04 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 1.10
<b>RUC Recommendation:</b> 4.08		<b>Referred to CPT</b> February 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

# Status Report: CMS Requests and Relativity Assessment Issues

**33988** Insertion of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ECMO/ECLS **Global:** 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

**Most Recent RUC Meeting:** April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2014 **2019 est Medicare Utilization:** 40 **2007 Work RVU:** **2020 Work RVU:** 15.00 **2007 NF PE RVU:** **2020 NF PE RVU:** NA **2007 Fac PE RVU:** **2020 Fac PE RVU:** 4.19 **Result:** Maintain

**RUC Recommendation:** 15.00 **Referred to CPT** February 2014 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**33989** Removal of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ECMO/ECLS **Global:** 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

**Most Recent RUC Meeting:** April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2013 **2019 est Medicare Utilization:** 14 **2007 Work RVU:** **2020 Work RVU:** 9.50 **2007 NF PE RVU:** **2020 NF PE RVU:** NA **2007 Fac PE RVU:** **2020 Fac PE RVU:** 2.69 **Result:** Maintain

**RUC Recommendation:** 9.50 **Referred to CPT** February 2014 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**33XX0** **Global:** **Issue:** Atrial Septostomy **Screen:** CMS Request - Final Rule for 2019 **Complete?** Yes

**Most Recent RUC Meeting:** January 2020 **Tab** 13 **Specialty Developing Recommendation:** **First Identified:** September 2019 **2019 est Medicare Utilization:** **2007 Work RVU:** **2020 Work RVU:** **2007 NF PE RVU:** **2020 NF PE RVU:** **2007 Fac PE RVU:** **2020 Fac PE RVU:** **Result:** Maintain

**RUC Recommendation:** 14.00 **Referred to CPT** September 2019 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**33XX1** **Global:** **Issue:** Atrial Septostomy **Screen:** CMS Request - Final Rule for 2019 **Complete?** Yes

**Most Recent RUC Meeting:** January 2020 **Tab** 13 **Specialty Developing Recommendation:** **First Identified:** September 2019 **2019 est Medicare Utilization:** **2007 Work RVU:** **2020 Work RVU:** **2007 NF PE RVU:** **2020 NF PE RVU:** **2007 Fac PE RVU:** **2020 Fac PE RVU:** **Result:** Maintain

**RUC Recommendation:** 20.00 **Referred to CPT** September 2019 **Referred to CPT Asst** ☐ **Published in CPT Asst:**



# Status Report: CMS Requests and Relativity Assessment Issues

33XX2

Global:

Issue: Atrial Septostomy

Screen: CMS Request - Final Rule for 2019

Complete? Yes

Most Recent  
RUC Meeting: January 2020

Tab 13

Specialty Developing  
Recommendation:

First  
Identified: September 2019

2019 est  
Medicare  
Utilization:

2007 Work RVU:  
2007 NF PE RVU:  
2007 Fac PE RVU  
Result: Maintain

2020 Work RVU:  
2020 NF PE RVU:  
2020 Fac PE RVU:

RUC Recommendation: 10.50

Referred to CPT September 2019  
Referred to CPT Asst ☐ Published in CPT Asst:

**34701** Endovascular repair of infrarenal aorta by deployment of an aorto-aortic tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the aortic bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the aortic bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)

Global: 090

Issue: Endovascular Repair Procedures (EVAR)

Screen: Codes Reported Together 75%or More-Part3

Complete? Yes

Most Recent  
RUC Meeting: January 2017

Tab 10

Specialty Developing  
Recommendation: SVS, SIR, STS, AATS, ACS

First  
Identified: January 2017

2019 est  
Medicare  
Utilization: 824

2007 Work RVU:  
2007 NF PE RVU:  
2007 Fac PE RVU  
Result: Decrease

2020 Work RVU: 23.71  
2020 NF PE RVU: NA  
2020 Fac PE RVU:7.00

RUC Recommendation: 23.71

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

**34702** Endovascular repair of infrarenal aorta by deployment of an aorto-aortic tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the aortic bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the aortic bifurcation; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)

Global: 090

Issue: Endovascular Repair Procedures (EVAR)

Screen: Codes Reported Together 75%or More-Part3

Complete? Yes

Most Recent  
RUC Meeting: January 2017

Tab 10

Specialty Developing  
Recommendation: SVS, SIR, STS, AATS, ACS

First  
Identified: January 2017

2019 est  
Medicare  
Utilization: 99

2007 Work RVU:  
2007 NF PE RVU:  
2007 Fac PE RVU  
Result: Decrease

2020 Work RVU: 36.00  
2020 NF PE RVU: NA  
2020 Fac PE RVU:9.64

RUC Recommendation: 36.00

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

## Status Report: CMS Requests and Relativity Assessment Issues

<b>34703</b>	Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-uni-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)	<b>Global:</b> 090	<b>Issue:</b> Endovascular Repair Procedures (EVAR)	<b>Screen:</b> Codes Reported Together 75%or More-Part3	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab 10</b>	<b>Specialty Developing Recommendation:</b> SVS, SIR, STS, AATS, ACS	<b>First Identified:</b> January 2017	<b>2019 est Medicare Utilization:</b> 1,118	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease
<b>RUC Recommendation:</b> 26.52			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> 26.52 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 7.26

<b>34704</b>	Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-uni-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)	<b>Global:</b> 090	<b>Issue:</b> Endovascular Repair Procedures (EVAR)	<b>Screen:</b> Codes Reported Together 75%or More-Part3	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab 10</b>	<b>Specialty Developing Recommendation:</b> SVS, SIR, STS, AATS, ACS	<b>First Identified:</b> January 2017	<b>2019 est Medicare Utilization:</b> 141	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease
<b>RUC Recommendation:</b> 45.00			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> 45.00 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 11.02

## Status Report: CMS Requests and Relativity Assessment Issues

<b>34705</b>	Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-bi-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)	<b>Global:</b> 090	<b>Issue:</b> Endovascular Repair Procedures (EVAR)	<b>Screen:</b> Codes Reported Together 75%or More-Part3	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab</b> 10	<b>Specialty Developing Recommendation:</b> SVS, SIR, STS, AATS, ACS	<b>First Identified:</b> January 2017	<b>2019 est Medicare Utilization:</b> 13,089	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease
<b>RUC Recommendation:</b> 29.58			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> 29.58 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 8.17

<b>34706</b>	Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-bi-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)	<b>Global:</b> 090	<b>Issue:</b> Endovascular Repair Procedures (EVAR)	<b>Screen:</b> Codes Reported Together 75%or More-Part3	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab</b> 10	<b>Specialty Developing Recommendation:</b> SVS, SIR, STS, AATS, ACS	<b>First Identified:</b> January 2017	<b>2019 est Medicare Utilization:</b> 641	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease
<b>RUC Recommendation:</b> 45.00			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> 45.00 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 11.78

## Status Report: CMS Requests and Relativity Assessment Issues

<b>34707</b>	Endovascular repair of iliac artery by deployment of an ilio-iliac tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally to the iliac bifurcation, and treatment zone angioplasty/stenting, when performed, unilateral; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation)	<b>Global:</b> 090	<b>Issue:</b> Endovascular Repair Procedures (EVAR)	<b>Screen:</b> Codes Reported Together 75%or More-Part3	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab</b> 10	<b>Specialty Developing Recommendation:</b> SVS, SIR, STS, AATS, ACS	<b>First Identified:</b> January 2017	<b>2019 est Medicare Utilization:</b> 652	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease
<b>RUC Recommendation:</b> 22.28			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> 22.28 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 6.41

<b>34708</b>	Endovascular repair of iliac artery by deployment of an ilio-iliac tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally to the iliac bifurcation, and treatment zone angioplasty/stenting, when performed, unilateral; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, traumatic disruption)	<b>Global:</b> 090	<b>Issue:</b> Endovascular Repair Procedures (EVAR)	<b>Screen:</b> Codes Reported Together 75%or More-Part3	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab</b> 10	<b>Specialty Developing Recommendation:</b> SVS, SIR, STS, AATS, ACS	<b>First Identified:</b> January 2017	<b>2019 est Medicare Utilization:</b> 85	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease
<b>RUC Recommendation:</b> 36.50			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> 36.50 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 9.21

## Status Report: CMS Requests and Relativity Assessment Issues

<b>34709</b>	Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, penetrating ulcer, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed, per vessel treated (List separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Endovascular Repair Procedures (EVAR)	<b>Screen:</b> Codes Reported Together 75%or More-Part3	<b>Complete?</b> Yes	
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab</b> 10	<b>Specialty Developing Recommendation:</b> SVS, SIR, STS, AATS, ACS	<b>First Identified:</b> January 2017	<b>2019 est Medicare Utilization:</b> 3,632	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease	<b>2020 Work RVU:</b> 6.50 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 1.42
<b>RUC Recommendation:</b> 6.50			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>						
<b>34710</b>	Delayed placement of distal or proximal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, endoleak, or endograft migration, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed; initial vessel treated	<b>Global:</b> 090	<b>Issue:</b> Endovascular Repair Procedures (EVAR)	<b>Screen:</b> Codes Reported Together 75%or More-Part3	<b>Complete?</b> Yes	
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab</b> 10	<b>Specialty Developing Recommendation:</b> SVS, SIR, STS, AATS, ACS	<b>First Identified:</b> January 2017	<b>2019 est Medicare Utilization:</b> 1,186	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease	<b>2020 Work RVU:</b> 15.00 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 4.91
<b>RUC Recommendation:</b> 15.00			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

## Status Report: CMS Requests and Relativity Assessment Issues

34711	Delayed placement of distal or proximal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, endoleak, or endograft migration, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed; each additional vessel treated (List separately in addition to code for primary procedure)	Global: ZZZ	Issue: Endovascular Repair Procedures (EVAR)	Screen: Codes Reported Together 75%or More-Part3	Complete? Yes	
Most Recent RUC Meeting: January 2017	Tab 10	Specialty Developing Recommendation: SVS, SIR, STS, AATS, ACS	First Identified: January 2017	2019 est Medicare Utilization: 367	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2020 Work RVU: 6.00 2020 NF PE RVU: NA 2020 Fac PE RVU:1.30
RUC Recommendation: 6.00			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
34712	Transcatheter delivery of enhanced fixation device(s) to the endograft (eg, anchor, screw, tack) and all associated radiological supervision and interpretation	Global: 090	Issue: Endovascular Repair Procedures (EVAR)	Screen: Codes Reported Together 75%or More-Part3	Complete? Yes	
Most Recent RUC Meeting: January 2017	Tab 10	Specialty Developing Recommendation: SVS, SIR, STS, AATS, ACS	First Identified: January 2017	2019 est Medicare Utilization: 1,214	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2020 Work RVU: 12.00 2020 NF PE RVU: NA 2020 Fac PE RVU:4.49
RUC Recommendation: 12.00			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
34713	Percutaneous access and closure of femoral artery for delivery of endograft through a large sheath (12 French or larger), including ultrasound guidance, when performed, unilateral (List separately in addition to code for primary procedure)	Global: ZZZ	Issue: Endovascular Repair Procedures (EVAR)	Screen: Codes Reported Together 75%or More-Part3	Complete? Yes	
Most Recent RUC Meeting: January 2017	Tab 10	Specialty Developing Recommendation: SVS, SIR, STS, AATS, ACS	First Identified: January 2017	2019 est Medicare Utilization: 16,159	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2020 Work RVU: 2.50 2020 NF PE RVU: NA 2020 Fac PE RVU:0.57
RUC Recommendation: 2.50			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

## Status Report: CMS Requests and Relativity Assessment Issues

<b>34714</b>	Open femoral artery exposure with creation of conduit for delivery of endovascular prosthesis or for establishment of cardiopulmonary bypass, by groin incision, unilateral (List separately in addition to code for primary procedure)			<b>Global:</b> ZZZ	<b>Issue:</b> Endovascular Repair Procedures (EVAR)	<b>Screen:</b> Codes Reported Together 75%or More-Part3	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab</b> 10	<b>Specialty Developing Recommendation:</b>	SVS, SIR, STS, AATS, ACS	<b>First Identified:</b> January 2017	<b>2019 est Medicare Utilization:</b> 487	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease	<b>2020 Work RVU:</b> 5.25 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 1.41
<b>RUC Recommendation:</b> 5.25				<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>							
<b>34715</b>	Open axillary/subclavian artery exposure for delivery of endovascular prosthesis by infraclavicular or supraclavicular incision, unilateral (List separately in addition to code for primary procedure)			<b>Global:</b> ZZZ	<b>Issue:</b> Endovascular Repair Procedures (EVAR)	<b>Screen:</b> Codes Reported Together 75%or More-Part3	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab</b> 10	<b>Specialty Developing Recommendation:</b>	SVS, SIR, STS, AATS, ACS	<b>First Identified:</b> January 2017	<b>2019 est Medicare Utilization:</b> 206	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease	<b>2020 Work RVU:</b> 6.00 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 1.31
<b>RUC Recommendation:</b> 6.00				<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>							
<b>34716</b>	Open axillary/subclavian artery exposure with creation of conduit for delivery of endovascular prosthesis or for establishment of cardiopulmonary bypass, by infraclavicular or supraclavicular incision, unilateral (List separately in addition to code for primary procedure)			<b>Global:</b> ZZZ	<b>Issue:</b> Endovascular Repair Procedures (EVAR)	<b>Screen:</b> Codes Reported Together 75%or More-Part3	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab</b> 10	<b>Specialty Developing Recommendation:</b>	SVS, SIR, STS, AATS, ACS	<b>First Identified:</b> January 2017	<b>2019 est Medicare Utilization:</b> 798	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease	<b>2020 Work RVU:</b> 7.19 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 1.98
<b>RUC Recommendation:</b> 7.19				<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

## Status Report: CMS Requests and Relativity Assessment Issues

**34800** Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using aorto-aortic tube prosthesis **Global:** **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

**Most Recent RUC Meeting:** January 2017

**Tab** 10

**Specialty Developing Recommendation:** AAOHNS

**First Identified:** October 2015

**2019 est Medicare Utilization:**

**2007 Work RVU:** 21.46

**2020 Work RVU:**

**2007 NF PE RVU:** NA

**2020 NF PE RVU:**

**2007 Fac PE RVU** 8.72

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**34802** Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using modular bifurcated prosthesis (1 docking limb)

**Global:**

**Issue:** Endovascular Repair Procedures (EVAR)

**Screen:** Pre-Time Analysis / Codes Reported Together 75%or More-Part3

**Complete?** Yes

**Most Recent RUC Meeting:** January 2017

**Tab** 10

**Specialty Developing Recommendation:** SVS, SIR, STS, AATS

**First Identified:** January 2014

**2019 est Medicare Utilization:**

**2007 Work RVU:** 23.71

**2020 Work RVU:**

**2007 NF PE RVU:** NA

**2020 NF PE RVU:**

**2007 Fac PE RVU** 9.38

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** September 2016

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**34803** Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using modular bifurcated prosthesis (2 docking limbs)

**Global:**

**Issue:** Endovascular Repair Procedures (EVAR)

**Screen:** Codes Reported Together 75%or More-Part3

**Complete?** Yes

**Most Recent RUC Meeting:** January 2017

**Tab** 10

**Specialty Developing Recommendation:** SVS, SIR, STS, AATS

**First Identified:** October 2015

**2019 est Medicare Utilization:**

**2007 Work RVU:** 24.74

**2020 Work RVU:**

**2007 NF PE RVU:** NA

**2020 NF PE RVU:**

**2007 Fac PE RVU** 9.68

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**



## Status Report: CMS Requests and Relativity Assessment Issues

**34804** Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using unibody bifurcated prosthesis **Global:** **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

**Most Recent RUC Meeting:** January 2017

**Tab** 10

**Specialty Developing Recommendation:** SVS, SIR, STS, AATS

**First Identified:** October 2015

**2019 est Medicare Utilization:**

**2007 Work RVU:** 23.71

**2020 Work RVU:**

**2007 NF PE RVU:** NA

**2020 NF PE RVU:**

**2007 Fac PE RVU** 9.37

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**34805** Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using aorto-uniiliac or aorto-unifemoral prosthesis **Global:** **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

**Most Recent RUC Meeting:** January 2017

**Tab** 10

**Specialty Developing Recommendation:** SVS, SIR, STS, AATS

**First Identified:** January 2017

**2019 est Medicare Utilization:**

**2007 Work RVU:** 22.59

**2020 Work RVU:**

**2007 NF PE RVU:** NA

**2020 NF PE RVU:**

**2007 Fac PE RVU** 9.04

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**34806** Transcatheter placement of wireless physiologic sensor in aneurysmal sac during endovascular repair, including radiological supervision and interpretation, instrument calibration, and collection of pressure data (List separately in addition to code for primary procedure) **Global:** **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

**Most Recent RUC Meeting:** January 2017

**Tab** 10

**Specialty Developing Recommendation:** SVS, SIR, STS, AATS

**First Identified:** January 2017

**2019 est Medicare Utilization:**

**2007 Work RVU:**

**2020 Work RVU:**

**2007 NF PE RVU:**

**2020 NF PE RVU:**

**2007 Fac PE RVU**

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

<b>34812</b> Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)				<b>Global:</b> ZZZ	<b>Issue:</b> Endovascular Repair Procedures (EVAR)	<b>Screen:</b> Pre-Time Analysis	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab</b> 10	<b>Specialty Developing Recommendation:</b>	SVS, SIR, STS, AATS	<b>First Identified:</b> January 2014	<b>2019 est Medicare Utilization:</b> 9,013	<b>2007 Work RVU:</b> 6.74 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 2.1 <b>Result:</b> Decrease	<b>2020 Work RVU:</b> 4.13 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 0.92
<b>RUC Recommendation:</b> 4.13				<b>Referred to CPT</b> September 2016 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			
<b>34820</b> Open iliac artery exposure for delivery of endovascular prosthesis or iliac occlusion during endovascular therapy, by abdominal or retroperitoneal incision, unilateral (List separately in addition to code for primary procedure)				<b>Global:</b> ZZZ	<b>Issue:</b> Endovascular Repair Procedures (EVAR)	<b>Screen:</b> Codes Reported Together 75%or More-Part3	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab</b> 10	<b>Specialty Developing Recommendation:</b>	SVS, SIR, STS, AATS	<b>First Identified:</b> January 2017	<b>2019 est Medicare Utilization:</b> 82	<b>2007 Work RVU:</b> 9.74 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 3.04 <b>Result:</b> Decrease	<b>2020 Work RVU:</b> 7.00 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 1.53
<b>RUC Recommendation:</b> 7.00				<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			
<b>34825</b> Placement of proximal or distal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, or dissection; initial vessel				<b>Global:</b>	<b>Issue:</b> Endovascular Repair Procedures (EVAR)	<b>Screen:</b> Pre-Time Analysis / Codes Reported Together 75%or More-Part3	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab</b> 10	<b>Specialty Developing Recommendation:</b>	SVS, SIR, STS, AATS	<b>First Identified:</b> January 2014	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> 12.72 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 5.89 <b>Result:</b> Deleted from CPT	<b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT				<b>Referred to CPT</b> September 2016 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			

# Status Report: CMS Requests and Relativity Assessment Issues

<b>34826</b>	Placement of proximal or distal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, or dissection; each additional vessel (List separately in addition to code for primary procedure)	<b>Global:</b>	<b>Issue:</b> Endovascular Repair Procedures (EVAR)	<b>Screen:</b> Codes Reported Together 75%or More-Part3	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab</b> 10	<b>Specialty Developing Recommendation:</b> SVS, SIR, STS, AATS	<b>First Identified:</b> January 2017	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> 4.12 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU</b> 1.31 <b>Result:</b> Deleted from CPT
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>
<b>34833</b>	Open iliac artery exposure with creation of conduit for delivery of endovascular prosthesis or for establishment of cardiopulmonary bypass, by abdominal or retroperitoneal incision, unilateral (List separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Endovascular Repair Procedures (EVAR)	<b>Screen:</b> Codes Reported Together 75%or More-Part3	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab</b> 10	<b>Specialty Developing Recommendation:</b> SVS, SIR, STS, AATS	<b>First Identified:</b> January 2017	<b>2019 est Medicare Utilization:</b> 46	<b>2007 Work RVU:</b> 11.98 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU</b> 4.15 <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 8.16			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> 8.16 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 1.66
<b>34834</b>	Open brachial artery exposure for delivery of endovascular prosthesis, unilateral (List separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Endovascular Repair Procedures (EVAR)	<b>Screen:</b> Codes Reported Together 75%or More-Part3	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab</b> 10	<b>Specialty Developing Recommendation:</b> SVS, SIR, STS, AATS	<b>First Identified:</b> January 2017	<b>2019 est Medicare Utilization:</b> 366	<b>2007 Work RVU:</b> 5.34 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU</b> 2.04 <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 2.65			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> 2.65 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 0.50

## Status Report: CMS Requests and Relativity Assessment Issues

**34900** Endovascular repair of iliac artery (eg, aneurysm, pseudoaneurysm, arteriovenous malformation, trauma) using ilio-iliac tube endoprosthesis **Global:** **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

**Most Recent RUC Meeting:** January 2017

**Tab** 10

**Specialty Developing Recommendation:** SVS, SIR, STS, AATS

**First Identified:** January 2017

**2019 est Medicare Utilization:**

**2007 Work RVU:** 16.77

**2020 Work RVU:**

**2007 NF PE RVU:** NA

**2020 NF PE RVU:**

**2007 Fac PE RVU** 7.24

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**35301** Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision **Global:** 090 **Issue:** Thromboendarterectomy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

**Most Recent RUC Meeting:** January 2013

**Tab** 21

**Specialty Developing Recommendation:** SVS

**First Identified:** September 2011

**2019 est Medicare Utilization:** 35,904

**2007 Work RVU:** 19.53

**2020 Work RVU:** 21.16

**2007 NF PE RVU:** NA

**2020 NF PE RVU:** NA

**2007 Fac PE RVU** 8.04

**2020 Fac PE RVU:** 6.67

**Result:** Increase

**RUC Recommendation:** 21.16

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**35450** Transluminal balloon angioplasty, open; renal or other visceral artery **Global:** **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

**Most Recent RUC Meeting:** January 2016

**Tab** 15

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

**First Identified:** October 2015

**2019 est Medicare Utilization:**

**2007 Work RVU:** 10.05

**2020 Work RVU:**

**2007 NF PE RVU:** NA

**2020 NF PE RVU:**

**2007 Fac PE RVU** 3.47

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

**35452** Transluminal balloon angioplasty, open; aortic

**Global:**

**Issue:** Open and Percutaneous  
Transluminal Angioplasty

**Screen:** Codes Reported  
Together 75% or More-  
Part3

**Complete?** Yes

**Most Recent  
RUC Meeting:** January 2016

**Tab** 15

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

**First  
Identified:** October 2015

**2019 est  
Medicare  
Utilization:**

**2007 Work RVU:** 6.90

**2020 Work RVU:**

**2007 NF PE RVU:** NA

**2020 NF PE RVU:**

**2007 Fac PE RVU** 2.48

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**35454** Deleted from CPT

**Global:**

**Issue:** Endovascular  
Revascularization

**Screen:** CMS Fastest Growing

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2010

**Tab** 07

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

**First  
Identified:** February 2010

**2019 est  
Medicare  
Utilization:**

**2007 Work RVU:** 6.03

**2020 Work RVU:**

**2007 NF PE RVU:** NA

**2020 NF PE RVU:**

**2007 Fac PE RVU** 2.19

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2010

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**35456** Deleted from CPT

**Global:**

**Issue:** Endovascular  
Revascularization

**Screen:** CMS Fastest Growing

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2010

**Tab** 07

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

**First  
Identified:** February 2010

**2019 est  
Medicare  
Utilization:**

**2007 Work RVU:** 7.34

**2020 Work RVU:**

**2007 NF PE RVU:** NA

**2020 NF PE RVU:**

**2007 Fac PE RVU** 2.64

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2010

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

**35458** Transluminal balloon angioplasty, open; brachiocephalic trunk or branches, each vessel **Global:** **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

**Most Recent RUC Meeting:** January 2016 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** October 2015 **2019 est Medicare Utilization:** **2007 Work RVU:** 9.48 **2020 Work RVU:** **2007 NF PE RVU:** NA **2020 NF PE RVU:** **2007 Fac PE RVU:** 3.33 **2020 Fac PE RVU:** **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

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

**35459** Deleted from CPT **Global:** **Issue:** Endovascular Revascularization **Screen:** CMS Fastest Growing **Complete?** Yes

**Most Recent RUC Meeting:** April 2010 **Tab** 07 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** February 2010 **2019 est Medicare Utilization:** **2007 Work RVU:** 8.62 **2020 Work RVU:** **2007 NF PE RVU:** NA **2020 NF PE RVU:** **2007 Fac PE RVU:** 3.01 **2020 Fac PE RVU:** **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2010  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**35460** Transluminal balloon angioplasty, open; venous **Global:** **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

**Most Recent RUC Meeting:** January 2016 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** October 2015 **2019 est Medicare Utilization:** **2007 Work RVU:** 6.03 **2020 Work RVU:** **2007 NF PE RVU:** NA **2020 NF PE RVU:** **2007 Fac PE RVU:** 2.15 **2020 Fac PE RVU:** **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

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

# Status Report: CMS Requests and Relativity Assessment Issues

**35470 Deleted from CPT**

**Global:**

**Issue:** Endovascular  
Revascularization

**Screen:** CMS Fastest Growing

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2010

**Tab** 07

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

**First  
Identified:** October 2008

**2019 est  
Medicare  
Utilization:**

**2007 Work RVU:** 8.62

**2020 Work RVU:**

**2007 NF PE RVU:** 81.78

**2020 NF PE RVU:**

**2007 Fac PE RVU** 3.37

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2010

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

**35471 Transluminal balloon angioplasty, percutaneous; renal or visceral artery**

**Global:**

**Issue:** Open and Percutaneous  
Transluminal Angioplasty

**Screen:** CMS Fastest Growing /  
Codes Reported  
Together 75% or More-  
Part3

**Complete?** Yes

**Most Recent  
RUC Meeting:** January 2016

**Tab** 15

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

**First  
Identified:** October 2009

**2019 est  
Medicare  
Utilization:**

**2007 Work RVU:** 10.05

**2020 Work RVU:**

**2007 NF PE RVU:** 91.6

**2020 NF PE RVU:**

**2007 Fac PE RVU** 4.13

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2015

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

**35472 Transluminal balloon angioplasty, percutaneous; aortic**

**Global:**

**Issue:** Open and Percutaneous  
Transluminal Angioplasty

**Screen:** CMS Fastest Growing /  
Codes Reported  
Together 75% or More-  
Part3

**Complete?** Yes

**Most Recent  
RUC Meeting:** January 2016

**Tab** 15

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

**First  
Identified:** October 2009

**2019 est  
Medicare  
Utilization:**

**2007 Work RVU:** 6.90

**2020 Work RVU:**

**2007 NF PE RVU:** 60.05

**2020 NF PE RVU:**

**2007 Fac PE RVU** 2.75

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** Removed from CPT referral

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

## Status Report: CMS Requests and Relativity Assessment Issues

**35473 Deleted from CPT**

**Global:**

**Issue:** Endovascular  
Revascularization

**Screen:** CMS Fastest Growing

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2010

**Tab** 07

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

**First  
Identified:** February 2010

**2019 est  
Medicare  
Utilization:**

**2007 Work RVU:** 6.03

**2020 Work RVU:**

**2007 NF PE RVU:** 56.4

**2020 NF PE RVU:**

**2007 Fac PE RVU** 2.43

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2010

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

**35474 Deleted from CPT**

**Global:**

**Issue:** Endovascular  
Revascularization

**Screen:** CMS Fastest Growing

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2010

**Tab** 07

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

**First  
Identified:** October 2008

**2019 est  
Medicare  
Utilization:**

**2007 Work RVU:** 7.35

**2020 Work RVU:**

**2007 NF PE RVU:** 80.7

**2020 NF PE RVU:**

**2007 Fac PE RVU** 2.9

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2010

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

**35475 Transluminal balloon angioplasty, percutaneous; brachiocephalic trunk or branches, each vessel**

**Global:**

**Issue:** Open and Percutaneous  
Transluminal Angioplasty

**Screen:** CMS Fastest Growing /  
CMS High Expenditure  
Procedural Codes1 /  
Codes Reported  
Together 75% or More-  
Part3 / High Volume  
Growth3

**Complete?** Yes

**Most Recent  
RUC Meeting:** January 2016

**Tab** 15

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

**First  
Identified:** September 2011

**2019 est  
Medicare  
Utilization:**

**2007 Work RVU:** 9.48

**2020 Work RVU:**

**2007 NF PE RVU:** 53.95

**2020 NF PE RVU:**

**2007 Fac PE RVU** 3.48

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2015

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



## Status Report: CMS Requests and Relativity Assessment Issues

**35476** Transluminal balloon angioplasty, percutaneous; venous

**Global:**

**Issue:** Open and Percutaneous  
Transluminal Angioplasty

**Screen:** CMS Fastest Growing /  
CMS High Expenditure  
Procedural Codes1 /  
Codes Reported  
Together 75% or More-  
Part3

**Complete?** Yes

**Most Recent  
RUC Meeting:** January 2016

**Tab** 15

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

**First  
Identified:** September 2011

**2019 est  
Medicare  
Utilization:**

**2007 Work RVU:** 6.03

**2020 Work RVU:**

**2007 NF PE RVU:** 42.45

**2020 NF PE RVU:**

**2007 Fac PE RVU** 2.26

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2015

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

**35490** Deleted from CPT

**Global:**

**Issue:** Endovascular  
Revascularization

**Screen:** High Volume Growth1

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2010

**Tab** 07

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

**First  
Identified:** April 2008

**2019 est  
Medicare  
Utilization:**

**2007 Work RVU:** 11.06

**2020 Work RVU:**

**2007 NF PE RVU:** NA

**2020 NF PE RVU:**

**2007 Fac PE RVU** 5.11

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2010

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

**35491** Deleted from CPT

**Global:**

**Issue:** Endovascular  
Revascularization

**Screen:** High Volume Growth1

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2010

**Tab** 07

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

**First  
Identified:** April 2008

**2019 est  
Medicare  
Utilization:**

**2007 Work RVU:** 7.60

**2020 Work RVU:**

**2007 NF PE RVU:** NA

**2020 NF PE RVU:**

**2007 Fac PE RVU** 3.46

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2010

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

## Status Report: CMS Requests and Relativity Assessment Issues

**35492 Deleted from CPT**

**Global:**

**Issue:** Endovascular  
Revascularization

**Screen:** High Volume Growth1

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2010

**Tab** 07

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

**First  
Identified:** April 2008

**2019 est  
Medicare  
Utilization:**

**2007 Work RVU:** 6.64

**2020 Work RVU:**

**2007 NF PE RVU:** NA

**2020 NF PE RVU:**

**2007 Fac PE RVU** 3.3

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2010

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

**35493 Deleted from CPT**

**Global:**

**Issue:** Endovascular  
Revascularization

**Screen:** High Volume Growth1

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2010

**Tab** 07

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

**First  
Identified:** February 2008

**2019 est  
Medicare  
Utilization:**

**2007 Work RVU:** 8.09

**2020 Work RVU:**

**2007 NF PE RVU:** NA

**2020 NF PE RVU:**

**2007 Fac PE RVU** 3.89

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2010

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

**35494 Deleted from CPT**

**Global:**

**Issue:** Endovascular  
Revascularization

**Screen:** High Volume Growth1

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2010

**Tab** 07

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

**First  
Identified:** April 2008

**2019 est  
Medicare  
Utilization:**

**2007 Work RVU:** 10.42

**2020 Work RVU:**

**2007 NF PE RVU:** NA

**2020 NF PE RVU:**

**2007 Fac PE RVU** 4.64

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2010

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

**35495 Deleted from CPT**

**Global:**

**Issue:** Endovascular  
Revascularization

**Screen:** High Volume Growth1

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2010

**Tab** 07

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

**First  
Identified:** February 2008

**2019 est  
Medicare  
Utilization:**

**2007 Work RVU:** 9.48

**2020 Work RVU:**

**2007 NF PE RVU:** NA

**2020 NF PE RVU:**

**2007 Fac PE RVU** 4.45

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2010

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

## Status Report: CMS Requests and Relativity Assessment Issues

<b>35701</b>	Exploration not followed by surgical repair, artery; neck (eg, carotid, subclavian)	<b>Global:</b> 090	<b>Issue:</b> Exploration of Artery	<b>Screen:</b> Negative IWPUT	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2019	<b>Tab</b> 06 <b>Specialty Developing Recommendation:</b> ACS, SVS	<b>First Identified:</b> January 2018	<b>2019 est Medicare Utilization:</b> 823	<b>2007 Work RVU:</b> 9.11 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 4.93 <b>Result:</b> Decrease	<b>2020 Work RVU:</b> 7.50 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 3.91
<b>RUC Recommendation:</b> 7.50		<b>Referred to CPT</b> September 2018 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>35702</b>	Exploration not followed by surgical repair, artery; upper extremity (eg, axillary, brachial, radial, ulnar)	<b>Global:</b> 090	<b>Issue:</b> Exploration of Artery	<b>Screen:</b> Negative IWPUT	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2019	<b>Tab</b> 06 <b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> September 2018	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease	<b>2020 Work RVU:</b> 7.12 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 3.23
<b>RUC Recommendation:</b> 7.12		<b>Referred to CPT</b> September 2018 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>35703</b>	Exploration not followed by surgical repair, artery; lower extremity (eg, common femoral, deep femoral, superficial femoral, popliteal, tibial, peroneal)	<b>Global:</b> 090	<b>Issue:</b> Exploration of Artery	<b>Screen:</b> Negative IWPUT	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2019	<b>Tab</b> 06 <b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> September 2018	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease	<b>2020 Work RVU:</b> 7.50 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 2.88
<b>RUC Recommendation:</b> 7.50		<b>Referred to CPT</b> September 2018 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>35721</b>	Exploration (not followed by surgical repair), with or without lysis of artery; femoral artery	<b>Global:</b>	<b>Issue:</b> Exploration of Artery	<b>Screen:</b> Negative IWPUT	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2019	<b>Tab</b> 06 <b>Specialty Developing Recommendation:</b> ACS, SVS	<b>First Identified:</b> January 2018	<b>2019 est Medicare Utilization:</b> 484	<b>2007 Work RVU:</b> 7.66 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 4.26 <b>Result:</b> Deleted from CPT	<b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> September 2018 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

## Status Report: CMS Requests and Relativity Assessment Issues

<b>35741</b>	Exploration (not followed by surgical repair), with or without lysis of artery; popliteal artery	<b>Global:</b>	<b>Issue:</b> Exploration of Artery	<b>Screen:</b> Negative IWPUT	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2019	<b>Tab</b> 06 <b>Specialty Developing Recommendation:</b> ACS, SVS	<b>First Identified:</b> January 2018	<b>2019 est Medicare Utilization:</b> 199	<b>2007 Work RVU:</b> 8.61 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 4.49 <b>Result:</b> Deleted from CPT	<b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> September 2018 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>					
<b>35761</b>	Exploration (not followed by surgical repair), with or without lysis of artery; other vessels	<b>Global:</b>	<b>Issue:</b> Exploration of Artery	<b>Screen:</b> Negative IWPUT	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2019	<b>Tab</b> 06 <b>Specialty Developing Recommendation:</b> ACS, SVS	<b>First Identified:</b> April 2017	<b>2019 est Medicare Utilization:</b> 1,616	<b>2007 Work RVU:</b> 5.84 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 3.88 <b>Result:</b> Deleted from CPT	<b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> September 2018 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
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<b>36000</b>	Introduction of needle or intracatheter, vein	<b>Global:</b> XXX	<b>Issue:</b> Introduction of Needle or Intracatheter	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2010	<b>Tab</b> 45 <b>Specialty Developing Recommendation:</b> ACC, AUR, AAP, AAFP, ACRh	<b>First Identified:</b> October 2009	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> 0.18 <b>2007 NF PE RVU:</b> 0.54 <b>2007 Fac PE RVU:</b> 0.05 <b>Result:</b> Maintain	<b>2020 Work RVU:</b> 0.18 <b>2020 NF PE RVU:</b> 0.60 <b>2020 Fac PE RVU:</b> 0.07
<b>RUC Recommendation:</b> CMS consider a bundled status for this code		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

## Status Report: CMS Requests and Relativity Assessment Issues

**36010** Introduction of catheter, superior or inferior vena cava

**Global:** XXX

**Issue:** Introduction of Catheter

**Screen:** Codes Reported Together 75% or More-Part1

**Complete?** Yes

**Most Recent RUC Meeting:** October 2013

**Tab** 18

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

**First Identified:** February 2010

**2019 est Medicare Utilization:** 14,377

**2007 Work RVU:** 2.43

**2020 Work RVU:** 2.18

**2007 NF PE RVU:** 17.17

**2020 NF PE RVU:** 12.48

**2007 Fac PE RVU** 0.77

**2020 Fac PE RVU:**0.63

**RUC Recommendation:** Remove from re-review.

**Referred to CPT** February 2011

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

**Result:** Remove from screen

**36140** Introduction of needle or intracatheter, upper or lower extremity artery

**Global:** XXX

**Issue:** Introduction of Needle or Intracatheter

**Screen:** Harvard Valued - Utilization over 30,000

**Complete?** Yes

**Most Recent RUC Meeting:** October 2013

**Tab** 18

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

**First Identified:** April 2011

**2019 est Medicare Utilization:** 20,331

**2007 Work RVU:** 2.01

**2020 Work RVU:** 1.76

**2007 NF PE RVU:** 12.15

**2020 NF PE RVU:** 11.55

**2007 Fac PE RVU** 0.65

**2020 Fac PE RVU:**0.49

**RUC Recommendation:** Remove from re-review

**Referred to CPT**

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

**Result:** Remove from Screen

**36145** Deleted from CPT

**Global:**

**Issue:** Arteriovenous Shunt Imaging

**Screen:** Codes Reported Together 95% or More / Harvard Valued - Utilization over 100,000

**Complete?** Yes

**Most Recent RUC Meeting:** April 2009

**Tab** 9

**Specialty Developing Recommendation:**

**First Identified:** February 2008

**2019 est Medicare Utilization:**

**2007 Work RVU:** 2.01

**2020 Work RVU:**

**2007 NF PE RVU:** 11.87

**2020 NF PE RVU:**

**2007 Fac PE RVU** 0.64

**2020 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2009

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

**Result:** Deleted from CPT

## Status Report: CMS Requests and Relativity Assessment Issues

**36147** Introduction of needle and/or catheter, arteriovenous shunt created for dialysis (graft/fistula); initial access with complete radiological evaluation of dialysis access, including fluoroscopy, image documentation and report (includes access of shunt, injection[s] of contrast, and all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava) **Global:** **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 95% or More **Complete?** Yes

**Most Recent RUC Meeting:** January 2016

**Tab** 14

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

**First Identified:** February 2008

**2019 est Medicare Utilization:**

**2007 Work RVU:**

**2020 Work RVU:**

**2007 NF PE RVU:**

**2020 NF PE RVU:**

**2007 Fac PE RVU**

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2008

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

**36148** Introduction of needle and/or catheter, arteriovenous shunt created for dialysis (graft/fistula); additional access for therapeutic intervention (List separately in addition to code for primary procedure) **Global:** **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 95% or More **Complete?** Yes

**Most Recent RUC Meeting:** January 2016

**Tab** 14

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

**First Identified:** February 2008

**2019 est Medicare Utilization:**

**2007 Work RVU:**

**2020 Work RVU:**

**2007 NF PE RVU:**

**2020 NF PE RVU:**

**2007 Fac PE RVU**

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2008

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

**36215** Selective catheter placement, arterial system; each first order thoracic or brachiocephalic branch, within a vascular family **Global:** 000 **Issue:** Selective Catheter Placement **Screen:** Codes Reported Together 75% or More- Part1 / Harvard-Valued Annual Allowed Charges Greater than \$10 million / Harvard Valued - Utilization greater than 30,000-Part2 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** April 2016

**Tab** 23

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

**First Identified:** February 2010

**2019 est Medicare Utilization:** 45,269

**2007 Work RVU:** 4.67

**2020 Work RVU:** 4.17

**2007 NF PE RVU:** 26.59

**2020 NF PE RVU:** 26.01

**2007 Fac PE RVU** 1.65

**2020 Fac PE RVU:** 1.42

**Result:** Decrease

**RUC Recommendation:** 4.17

**Referred to CPT**

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

## Status Report: CMS Requests and Relativity Assessment Issues

<b>36216</b>	<b>Selective catheter placement, arterial system; initial second order thoracic or brachiocephalic branch, within a vascular family</b>	<b>Global:</b> 000	<b>Issue:</b> Selective Catheter Placement	<b>Screen:</b> Codes Reported Together 75% or More- Part1 / CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab</b> 23	<b>Specialty Developing Recommendation:</b> ACR, SIR, SVS	<b>First Identified:</b> February 2010	<b>2019 est Medicare Utilization:</b> 4,580	<b>2007 Work RVU:</b> 5.27 <b>2007 NF PE RVU:</b> 28.57 <b>2007 Fac PE RVU</b> 1.82 <b>Result:</b> Maintain <b>2020 Work RVU:</b> 5.27 <b>2020 NF PE RVU:</b> 26.35 <b>2020 Fac PE RVU:</b> 1.68
<b>RUC Recommendation:</b> 5.27			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
<b>36217</b>	<b>Selective catheter placement, arterial system; initial third order or more selective thoracic or brachiocephalic branch, within a vascular family</b>	<b>Global:</b> 000	<b>Issue:</b> Selective Catheter Placement	<b>Screen:</b> Harvard Valued - Utilization over 30,000 / CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab</b> 23	<b>Specialty Developing Recommendation:</b> ACR, SIR, SVS	<b>First Identified:</b> April 2011	<b>2019 est Medicare Utilization:</b> 4,059	<b>2007 Work RVU:</b> 6.29 <b>2007 NF PE RVU:</b> 52.65 <b>2007 Fac PE RVU</b> 2.17 <b>Result:</b> Maintain <b>2020 Work RVU:</b> 6.29 <b>2020 NF PE RVU:</b> 46.44 <b>2020 Fac PE RVU:</b> 2.02
<b>RUC Recommendation:</b> 6.29			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
<b>36218</b>	<b>Selective catheter placement, arterial system; additional second order, third order, and beyond, thoracic or brachiocephalic branch, within a vascular family (List in addition to code for initial second or third order vessel as appropriate)</b>	<b>Global:</b> ZZZ	<b>Issue:</b> Selective Catheter Placement	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab</b> 23	<b>Specialty Developing Recommendation:</b> ACR, SIR, SVS	<b>First Identified:</b> July 2015	<b>2019 est Medicare Utilization:</b> 1,711	<b>2007 Work RVU:</b> 1.01 <b>2007 NF PE RVU:</b> 4.72 <b>2007 Fac PE RVU</b> 0.34 <b>Result:</b> Maintain <b>2020 Work RVU:</b> 1.01 <b>2020 NF PE RVU:</b> 5.35 <b>2020 Fac PE RVU:</b> 0.31
<b>RUC Recommendation:</b> 1.01			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	

## Status Report: CMS Requests and Relativity Assessment Issues

36221	Non-selective catheter placement, thoracic aorta, with angiography of the extracranial carotid, vertebral, and/or intracranial vessels, unilateral or bilateral, and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed	Global: 000	Issue: Cervicocerebral Angiography	Screen: Codes Reported Together 75% or More-Part1	Complete? Yes
Most Recent RUC Meeting: April 2012	Tab 14	Specialty Developing Recommendation: AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS	First Identified: February 2010	2019 est Medicare Utilization: 2,095	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU: 2020 Work RVU: 3.92 2020 NF PE RVU: 25.30 2020 Fac PE RVU:1.09
RUC Recommendation: 4.51			Referred to CPT February 2012 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst: Result: Decrease	
36222	Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral extracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed	Global: 000	Issue: Cervicocerebral Angiography	Screen: Codes Reported Together 75% or More-Part1	Complete? Yes
Most Recent RUC Meeting: April 2012	Tab 14	Specialty Developing Recommendation: AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS	First Identified: February 2010	2019 est Medicare Utilization: 7,752	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU: 2020 Work RVU: 5.28 2020 NF PE RVU: 29.11 2020 Fac PE RVU:1.75
RUC Recommendation: 6.00			Referred to CPT February 2012 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst: Result: Decrease	
36223	Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral intracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the extracranial carotid and cervicocerebral arch, when performed	Global: 000	Issue: Cervicocerebral Angiography	Screen: Codes Reported Together 75% or More-Part1	Complete? Yes
Most Recent RUC Meeting: April 2012	Tab 14	Specialty Developing Recommendation: AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS	First Identified: February 2010	2019 est Medicare Utilization: 29,312	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU: 2020 Work RVU: 5.75 2020 NF PE RVU: 38.58 2020 Fac PE RVU:2.13
RUC Recommendation: 6.50			Referred to CPT February 2012 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst: Result: Decrease	



## Status Report: CMS Requests and Relativity Assessment Issues

**36224** Selective catheter placement, internal carotid artery, unilateral, with angiography of the ipsilateral intracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the extracranial carotid and cervicocerebral arch, when performed **Global:** 000 **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2012 **Tab 14** **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS **First Identified:** February 2010 **2019 est Medicare Utilization:** 36,594

**2007 Work RVU:** **2020 Work RVU:** 6.25  
**2007 NF PE RVU:** **2020 NF PE RVU:** 51.11  
**2007 Fac PE RVU** **2020 Fac PE RVU:**2.61

**RUC Recommendation:** 7.55

**Referred to CPT** February 2012

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

**Result:** Decrease

**36225** Selective catheter placement, subclavian or innominate artery, unilateral, with angiography of the ipsilateral vertebral circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed **Global:** 000 **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2012 **Tab 14** **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS **First Identified:** February 2010 **2019 est Medicare Utilization:** 11,267

**2007 Work RVU:** **2020 Work RVU:** 5.75  
**2007 NF PE RVU:** **2020 NF PE RVU:** 36.67  
**2007 Fac PE RVU** **2020 Fac PE RVU:**2.07

**RUC Recommendation:** 6.50

**Referred to CPT** February 2012

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

**Result:** Decrease

**36226** Selective catheter placement, vertebral artery, unilateral, with angiography of the ipsilateral vertebral circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed **Global:** 000 **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2012 **Tab 14** **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS **First Identified:** February 2010 **2019 est Medicare Utilization:** 32,221

**2007 Work RVU:** **2020 Work RVU:** 6.25  
**2007 NF PE RVU:** **2020 NF PE RVU:** 47.96  
**2007 Fac PE RVU** **2020 Fac PE RVU:**2.53

**RUC Recommendation:** 7.55

**Referred to CPT** February 2012

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

**Result:** Decrease

# Status Report: CMS Requests and Relativity Assessment Issues

<b>36227</b>	Selective catheter placement, external carotid artery, unilateral, with angiography of the ipsilateral external carotid circulation and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Cervicocerebral Angiography	<b>Screen:</b> Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab</b> 14 <b>Specialty Developing Recommendation:</b> AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS	<b>First Identified:</b> February 2010	<b>2019 est Medicare Utilization:</b> 13,979	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU</b>	<b>2020 Work RVU:</b> 2.09 <b>2020 NF PE RVU:</b> 4.51 <b>2020 Fac PE RVU:</b> 0.81
<b>RUC Recommendation:</b> 2.32		<b>Referred to CPT</b> February 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		<b>Result:</b> Decrease	
<b>36228</b>	Selective catheter placement, each intracranial branch of the internal carotid or vertebral arteries, unilateral, with angiography of the selected vessel circulation and all associated radiological supervision and interpretation (eg, middle cerebral artery, posterior inferior cerebellar artery) (List separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Cervicocerebral Angiography	<b>Screen:</b> Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab</b> 14 <b>Specialty Developing Recommendation:</b> AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS	<b>First Identified:</b> February 2010	<b>2019 est Medicare Utilization:</b> 2,336	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU</b>	<b>2020 Work RVU:</b> 4.25 <b>2020 NF PE RVU:</b> 32.35 <b>2020 Fac PE RVU:</b> 1.66
<b>RUC Recommendation:</b> 4.25		<b>Referred to CPT</b> February 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		<b>Result:</b> Decrease	
<b>36245</b>	Selective catheter placement, arterial system; each first order abdominal, pelvic, or lower extremity artery branch, within a vascular family	<b>Global:</b> XXX	<b>Issue:</b> Selective Catheter Placement	<b>Screen:</b> Harvard Valued - Utilization over 100,000 / Codes Reported Together 75% or More-Part1 / Harvard-Valued Annual Allowed Charges Greater than \$10 million	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2013	<b>Tab</b> 22 <b>Specialty Developing Recommendation:</b> ACC, ACR, SIR, SCAI, SVS	<b>First Identified:</b> October 2009	<b>2019 est Medicare Utilization:</b> 40,259	<b>2007 Work RVU:</b> 4.67 <b>2007 NF PE RVU:</b> 31.17 <b>2007 Fac PE RVU</b> 1.78	<b>2020 Work RVU:</b> 4.65 <b>2020 NF PE RVU:</b> 32.76 <b>2020 Fac PE RVU:</b> 1.46
<b>RUC Recommendation:</b> 4.90		<b>Referred to CPT</b> February 2010 and February 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		<b>Result:</b> Decrease	

## Status Report: CMS Requests and Relativity Assessment Issues

<b>36246</b>	<b>Selective catheter placement, arterial system; initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family</b>	<b>Global:</b> 000	<b>Issue:</b> Vascular Injection Procedures	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2012	<b>Tab 27</b>	<b>Specialty Developing Recommendation:</b> SVS, SIR, ACR, ACC	<b>First Identified:</b> February 2010	<b>2019 est Medicare Utilization:</b> 36,476	<b>2007 Work RVU:</b> 5.27 <b>2007 NF PE RVU:</b> 29.18 <b>2007 Fac PE RVU:</b> 1.84 <b>Result:</b> Maintain <b>2020 Work RVU:</b> 5.02 <b>2020 NF PE RVU:</b> 18.57 <b>2020 Fac PE RVU:</b> 1.37
<b>RUC Recommendation:</b> 5.27			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
<hr/>					
<b>36247</b>	<b>Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family</b>	<b>Global:</b> 000	<b>Issue:</b> Vascular Injection Procedures	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2012	<b>Tab 27</b>	<b>Specialty Developing Recommendation:</b> SVS, SIR, ACR, ACC	<b>First Identified:</b> February 2010	<b>2019 est Medicare Utilization:</b> 66,061	<b>2007 Work RVU:</b> 6.29 <b>2007 NF PE RVU:</b> 48.22 <b>2007 Fac PE RVU:</b> 2.17 <b>Result:</b> Increase <b>2020 Work RVU:</b> 6.04 <b>2020 NF PE RVU:</b> 36.17 <b>2020 Fac PE RVU:</b> 1.69
<b>RUC Recommendation:</b> 7.00			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
<hr/>					
<b>36248</b>	<b>Selective catheter placement, arterial system; additional second order, third order, and beyond, abdominal, pelvic, or lower extremity artery branch, within a vascular family (List in addition to code for initial second or third order vessel as appropriate)</b>	<b>Global:</b> ZZZ	<b>Issue:</b> Catheter Placement	<b>Screen:</b> CMS Fastest Growing	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2009	<b>Tab 40</b>	<b>Specialty Developing Recommendation:</b> ACR, SIR	<b>First Identified:</b> October 2008	<b>2019 est Medicare Utilization:</b> 26,334	<b>2007 Work RVU:</b> 1.01 <b>2007 NF PE RVU:</b> 3.81 <b>2007 Fac PE RVU:</b> 0.35 <b>Result:</b> Remove from Screen <b>2020 Work RVU:</b> 1.01 <b>2020 NF PE RVU:</b> 2.80 <b>2020 Fac PE RVU:</b> 0.29
<b>RUC Recommendation:</b> Remove from screen			<b>Referred to CPT</b> February 2010 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	

## Status Report: CMS Requests and Relativity Assessment Issues

<b>36251</b>	Selective catheter placement (first-order), main renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture and catheter placement(s), fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral	<b>Global:</b> 000	<b>Issue:</b> Renal Angiography	<b>Screen:</b> Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2011	<b>Tab</b> 11 <b>Specialty Developing Recommendation:</b> ACR, SIR	<b>First Identified:</b> February 2011	<b>2019 est Medicare Utilization:</b> 3,603	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease	<b>2020 Work RVU:</b> 5.10 <b>2020 NF PE RVU:</b> 33.79 <b>2020 Fac PE RVU:</b> 1.54
<b>RUC Recommendation:</b> 5.45		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>36252</b>	Selective catheter placement (first-order), main renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture and catheter placement(s), fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; bilateral	<b>Global:</b> 000	<b>Issue:</b> Renal Angiography	<b>Screen:</b> Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2011	<b>Tab</b> 11 <b>Specialty Developing Recommendation:</b> ACR, SIR	<b>First Identified:</b> February 2011	<b>2019 est Medicare Utilization:</b> 8,044	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease	<b>2020 Work RVU:</b> 6.74 <b>2020 NF PE RVU:</b> 34.65 <b>2020 Fac PE RVU:</b> 2.27
<b>RUC Recommendation:</b> 7.38		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>36253</b>	Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral	<b>Global:</b> 000	<b>Issue:</b> Renal Angiography	<b>Screen:</b> Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2011	<b>Tab</b> 11 <b>Specialty Developing Recommendation:</b> ACR, SIR	<b>First Identified:</b> February 2011	<b>2019 est Medicare Utilization:</b> 1,646	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease	<b>2020 Work RVU:</b> 7.30 <b>2020 NF PE RVU:</b> 54.87 <b>2020 Fac PE RVU:</b> 2.26
<b>RUC Recommendation:</b> 7.55		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

## Status Report: CMS Requests and Relativity Assessment Issues

<b>36254</b>	Supers elective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; bilateral	<b>Global:</b> 000	<b>Issue:</b> Renal Angiography	<b>Screen:</b> Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2011	<b>Tab</b> 11 <b>Specialty Developing Recommendation:</b> ACR, SIR	<b>First Identified:</b> February 2011	<b>2019 est Medicare Utilization:</b> 162	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease	<b>2020 Work RVU:</b> 7.90 <b>2020 NF PE RVU:</b> 52.15 <b>2020 Fac PE RVU:</b> 2.54
<b>RUC Recommendation:</b> 8.15		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
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<b>36410</b>	Venipuncture, age 3 years or older, necessitating the skill of a physician or other qualified health care professional (separate procedure), for diagnostic or therapeutic purposes (not to be used for routine venipuncture)	<b>Global:</b> XXX	<b>Issue:</b> Venipuncture	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2010	<b>Tab</b> 36 <b>Specialty Developing Recommendation:</b> ACP	<b>First Identified:</b> October 2009	<b>2019 est Medicare Utilization:</b> 155,240	<b>2007 Work RVU:</b> 0.18 <b>2007 NF PE RVU:</b> 0.3 <b>2007 Fac PE RVU Result:</b> Maintain	<b>2020 Work RVU:</b> 0.18 <b>2020 NF PE RVU:</b> 0.29 <b>2020 Fac PE RVU:</b> 0.07
<b>RUC Recommendation:</b> 0.18		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>					
<b>36475</b>	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated	<b>Global:</b> 000	<b>Issue:</b> Endovenous Ablation	<b>Screen:</b> High Volume Growth2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 38 <b>Specialty Developing Recommendation:</b> ACC, ACR, ACS, SCAI, SIR, SVS	<b>First Identified:</b> April 2013	<b>2019 est Medicare Utilization:</b> 109,583	<b>2007 Work RVU:</b> 6.72 <b>2007 NF PE RVU:</b> 47.57 <b>2007 Fac PE RVU Result:</b> Decrease	<b>2020 Work RVU:</b> 5.30 <b>2020 NF PE RVU:</b> 32.56 <b>2020 Fac PE RVU:</b> 1.72
<b>RUC Recommendation:</b> 5.30		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

## Status Report: CMS Requests and Relativity Assessment Issues

<b>36476</b>	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Endovenous Ablation	<b>Screen:</b> High Volume Growth2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab 38</b> <b>Specialty Developing Recommendation:</b> ACC, ACR, ACS, SCAI, SIR, SVS	<b>First Identified:</b> October 2013	<b>2019 est Medicare Utilization:</b> 7,170	<b>2007 Work RVU:</b> 3.38 <b>2007 NF PE RVU:</b> 7.39 <b>2007 Fac PE RVU</b> 1.08 <b>Result:</b> Decrease	<b>2020 Work RVU:</b> 2.65 <b>2020 NF PE RVU:</b> 5.62 <b>2020 Fac PE RVU:</b> 0.73
<b>RUC Recommendation:</b> 2.65		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
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<b>36478</b>	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated	<b>Global:</b> 000	<b>Issue:</b> Endovenous Ablation	<b>Screen:</b> High Volume Growth2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab 38</b> <b>Specialty Developing Recommendation:</b> ACC, ACR, ACS, SCAI, SIR, SVS	<b>First Identified:</b> April 2013	<b>2019 est Medicare Utilization:</b> 61,677	<b>2007 Work RVU:</b> 6.72 <b>2007 NF PE RVU:</b> 42.85 <b>2007 Fac PE RVU</b> 2.41 <b>Result:</b> Decrease	<b>2020 Work RVU:</b> 5.30 <b>2020 NF PE RVU:</b> 23.95 <b>2020 Fac PE RVU:</b> 1.75
<b>RUC Recommendation:</b> 5.30		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
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<b>36479</b>	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Endovenous Ablation	<b>Screen:</b> High Volume Growth2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab 38</b> <b>Specialty Developing Recommendation:</b> ACC, ACR, ACS, SCAI, SIR, SVS	<b>First Identified:</b> April 2013	<b>2019 est Medicare Utilization:</b> 6,461	<b>2007 Work RVU:</b> 3.38 <b>2007 NF PE RVU:</b> 7.59 <b>2007 Fac PE RVU</b> 1.1 <b>Result:</b> Decrease	<b>2020 Work RVU:</b> 2.65 <b>2020 NF PE RVU:</b> 6.11 <b>2020 Fac PE RVU:</b> 0.79
<b>RUC Recommendation:</b> 2.65		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

# Status Report: CMS Requests and Relativity Assessment Issues

## 36481 Percutaneous portal vein catheterization by any method

Global: 000

Issue: Interventional Radiology Procedures

Screen: CMS Request - Practice Expense Review

Complete? Yes

Most Recent RUC Meeting: February 2009  
Tab 21  
Specialty Developing Recommendation: ACR, SIR

First Identified: NA

2019 est Medicare Utilization: 697

2007 Work RVU: 6.98  
2007 NF PE RVU: NA  
2007 Fac PE RVU 2.46  
Result: PE Only

2020 Work RVU: 6.73  
2020 NF PE RVU: 47.25  
2020 Fac PE RVU:2.16

RUC Recommendation: New PE Inputs

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

## 36511 Therapeutic apheresis; for white blood cells

Global: 000

Issue: Therapeutic Apheresis

Screen: CMS Request - Final Rule for 2016

Complete? Yes

Most Recent RUC Meeting: January 2017  
Tab 12  
Specialty Developing Recommendation: CAP, RPA

First Identified: January 2017

2019 est Medicare Utilization: 235

2007 Work RVU: 1.74  
2007 NF PE RVU: NA  
2007 Fac PE RVU 0.69  
Result: Increase

2020 Work RVU: 2.00  
2020 NF PE RVU: NA  
2020 Fac PE RVU:1.02

RUC Recommendation: 2.00. Refer to CPT Assistant.

Referred to CPT September 2016  
Referred to CPT Asst ☒ Published in CPT Asst: May 2018

## 36512 Therapeutic apheresis; for red blood cells

Global: 000

Issue: Therapeutic Apheresis

Screen: CMS Request - Final Rule for 2016

Complete? Yes

Most Recent RUC Meeting: January 2017  
Tab 12  
Specialty Developing Recommendation: CAP, RPA

First Identified: January 2017

2019 est Medicare Utilization: 2,896

2007 Work RVU: 1.74  
2007 NF PE RVU: NA  
2007 Fac PE RVU 0.71  
Result: Increase

2020 Work RVU: 2.00  
2020 NF PE RVU: NA  
2020 Fac PE RVU:0.99

RUC Recommendation: 2.00. Refer to CPT Assistant.

Referred to CPT September 2016  
Referred to CPT Asst ☒ Published in CPT Asst: May 2018

## 36513 Therapeutic apheresis; for platelets

Global: 000

Issue: Therapeutic Apheresis

Screen: CMS Request - Final Rule for 2016

Complete? Yes

Most Recent RUC Meeting: January 2017  
Tab 12  
Specialty Developing Recommendation: CAP, RPA

First Identified: January 2017

2019 est Medicare Utilization: 192

2007 Work RVU: 1.74  
2007 NF PE RVU: NA  
2007 Fac PE RVU 0.68  
Result: Increase

2020 Work RVU: 2.00  
2020 NF PE RVU: NA  
2020 Fac PE RVU:0.91

RUC Recommendation: 2.00. Refer to CPT Assistant.

Referred to CPT September 2016  
Referred to CPT Asst ☒ Published in CPT Asst: May 2018

## Status Report: CMS Requests and Relativity Assessment Issues

### 36514 Therapeutic apheresis; for plasma pheresis

Global: 000

Issue: Therapeutic Apheresis

Screen: CMS Request - Final Rule for 2016

Complete? Yes

Most Recent  
RUC Meeting: January 2017

Tab 12 Specialty Developing  
Recommendation: CAP, RPA

First  
Identified: January 2017

2019 est  
Medicare  
Utilization: 28,894

2007 Work RVU: 1.74  
2007 NF PE RVU: 15.33  
2007 Fac PE RVU 0.67

2020 Work RVU: 1.81  
2020 NF PE RVU: 17.21  
2020 Fac PE RVU: 0.79

RUC Recommendation: 1.81. Refer to CPT Assistant

Referred to CPT September 2016

Referred to CPT Asst ☒ Published in CPT Asst: May 2018

Result: Increase

### 36515 Therapeutic apheresis; with extracorporeal immunoadsorption and plasma reinfusion

Global:

Issue: Therapeutic Apheresis

Screen: CMS Request - Final Rule for 2016

Complete? Yes

Most Recent  
RUC Meeting: January 2017

Tab 12 Specialty Developing  
Recommendation: CAP, RPA

First  
Identified: January 2017

2019 est  
Medicare  
Utilization:

2007 Work RVU: 1.74  
2007 NF PE RVU: 60.92  
2007 Fac PE RVU 0.63

2020 Work RVU:  
2020 NF PE RVU:  
2020 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT September 2016

Referred to CPT Asst ☒ Published in CPT Asst: May 2018

Result: Deleted from CPT

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

Global: 000

Issue: Therapeutic Apheresis

Screen: CMS Fastest Growing / CMS Request - Final Rule for 2016

Complete? Yes

Most Recent  
RUC Meeting: January 2017

Tab 12 Specialty Developing  
Recommendation: CAP, RPA

First  
Identified: October 2008

2019 est  
Medicare  
Utilization: 1,069

2007 Work RVU: 1.22  
2007 NF PE RVU: 75.37  
2007 Fac PE RVU 0.46

2020 Work RVU: 1.56  
2020 NF PE RVU: 53.63  
2020 Fac PE RVU: 0.63

RUC Recommendation: 1.56. Refer to CPT Assistant

Referred to CPT September 2016

Referred to CPT Asst ☒ Published in CPT Asst: Sep 2009

Result: Increase



# Status Report: CMS Requests and Relativity Assessment Issues

## 36522 Photopheresis, extracorporeal

Global: 000

Issue: Therapeutic Apheresis

Screen: CMS Request - Final Rule for 2016

Complete? Yes

Most Recent  
RUC Meeting: January 2017

Tab 12 Specialty Developing  
Recommendation: CAP, RPA

First  
Identified: January 2017

2019 est  
Medicare  
Utilization: 8,303

2007 Work RVU: 1.67  
2007 NF PE RVU: 33.02  
2007 Fac PE RVU 0.94

2020 Work RVU: 1.75  
2020 NF PE RVU: 52.74  
2020 Fac PE RVU: 0.96

RUC Recommendation: 1.75. Refer to CPT Assistant

Referred to CPT September 2016

Referred to CPT Asst ☒

Published in CPT Asst: May 2018

Result: Increase

## 36555 Insertion of non-tunneled centrally inserted central venous catheter; younger than 5 years of age

Global: 000

Issue: Insertion of Catheter

Screen: CMS High Expenditure Procedural Codes2

Complete? Yes

Most Recent  
RUC Meeting: October 2016

Tab 16 Specialty Developing  
Recommendation: ACR, ASA

First  
Identified: July 2015

2019 est  
Medicare  
Utilization: 26

2007 Work RVU: 2.68  
2007 NF PE RVU: 5.34  
2007 Fac PE RVU 0.76

2020 Work RVU: 1.93  
2020 NF PE RVU: 3.27  
2020 Fac PE RVU: 0.36

RUC Recommendation: 1.93

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Decrease

## 36556 Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older

Global: 000

Issue: Insertion of Catheter

Screen: CMS High Expenditure Procedural Codes2

Complete? Yes

Most Recent  
RUC Meeting: October 2016

Tab 16 Specialty Developing  
Recommendation: ACR, ASA

First  
Identified: July 2015

2019 est  
Medicare  
Utilization: 409,595

2007 Work RVU: 2.50  
2007 NF PE RVU: 4.93  
2007 Fac PE RVU 0.7

2020 Work RVU: 1.75  
2020 NF PE RVU: 4.11  
2020 Fac PE RVU: 0.49

RUC Recommendation: 1.75

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

**36568** Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, without imaging guidance; younger than 5 years of age **Global:** 000 **Issue:** PICC Line Procedures **Screen:** Identified in RUC review of other services **Complete?** Yes

**Most Recent RUC Meeting:** January 2018

**Tab 09 Specialty Developing Recommendation:** ACR, SIR

**First Identified:** October 2016

**2019 est Medicare Utilization:** 3

**2007 Work RVU:** 1.92

**2020 Work RVU:** 2.11

**2007 NF PE RVU:** 7.03

**2020 NF PE RVU:** NA

**2007 Fac PE RVU** 0.57

**2020 Fac PE RVU:**0.36

**Result:** Decrease

**RUC Recommendation:** 2.11

**Referred to CPT** September 2017

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

**36569** Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, without imaging guidance; age 5 years or older

**Global:** 000

**Issue:** PICC Line Procedures

**Screen:** CMS High Expenditure Procedural Codes2

**Complete?** Yes

**Most Recent RUC Meeting:** January 2018

**Tab 09 Specialty Developing Recommendation:** ACR, SIR

**First Identified:** July 2015

**2019 est Medicare Utilization:** 14,961

**2007 Work RVU:** 1.82

**2020 Work RVU:** 1.90

**2007 NF PE RVU:** 6.55

**2020 NF PE RVU:** NA

**2007 Fac PE RVU** 0.57

**2020 Fac PE RVU:**0.65

**Result:** Decrease

**RUC Recommendation:** 1.90. Review at RAW in October 2021.

**Referred to CPT** September 2017

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

**36572** Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, including all imaging guidance, image documentation, and all associated radiological supervision and interpretation required to perform the insertion; younger than 5 years of age

**Global:** 000

**Issue:** PICC Line Procedures

**Screen:** CMS High Expenditure Procedural Codes2

**Complete?** Yes

**Most Recent RUC Meeting:** January 2018

**Tab 09 Specialty Developing Recommendation:**

**First Identified:** September 2017

**2019 est Medicare Utilization:** 25

**2007 Work RVU:**

**2020 Work RVU:** 1.82

**2007 NF PE RVU:**

**2020 NF PE RVU:** 10.37

**2007 Fac PE RVU**

**2020 Fac PE RVU:**0.65

**Result:** Decrease

**RUC Recommendation:** 2.00

**Referred to CPT**

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

# Status Report: CMS Requests and Relativity Assessment Issues

<b>36573</b> Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, including all imaging guidance, image documentation, and all associated radiological supervision and interpretation required to perform the insertion; age 5 years or older	Global: 000	Issue: PICC Line Procedures	Screen: CMS High Expenditure Procedural Codes2	Complete? Yes
Most Recent RUC Meeting: January 2018	Tab 09 Specialty Developing Recommendation:	First Identified: September 2017	2019 est Medicare Utilization: 88,728	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease 2020 Work RVU: 1.70 2020 NF PE RVU: 9.49 2020 Fac PE RVU:0.56
RUC Recommendation: 1.90		Referred to CPT Referred to CPT Asst <input type="checkbox"/> Published in CPT Asst:		
<b>36584</b> Replacement, complete, of a peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, through same venous access, including all imaging guidance, image documentation, and all associated radiological supervision and interpretation required to perform the replacement	Global: 000	Issue: PICC Line Procedures	Screen: Identified in RUC review of other services	Complete? Yes
Most Recent RUC Meeting: January 2018	Tab 09 Specialty Developing Recommendation: ACR, SIR	First Identified: October 2016	2019 est Medicare Utilization: 4,270	2007 Work RVU: 1.20 2007 NF PE RVU: 6.16 2007 Fac PE RVU 0.54 Result: Decrease 2020 Work RVU: 1.20 2020 NF PE RVU: 8.61 2020 Fac PE RVU:0.42
RUC Recommendation: 1.47		Referred to CPT September 2017 Referred to CPT Asst <input type="checkbox"/> Published in CPT Asst:		
<b>36620</b> Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); percutaneous	Global: 000	Issue: Insertion of Catheter	Screen: CMS High Expenditure Procedural Codes2 / Codes Reported Together 75%or More-Part4 / Modifier -51 Exempt	Complete? Yes
Most Recent RUC Meeting: April 2018	Tab 33 Specialty Developing Recommendation: ACR, ASA	First Identified: July 2015	2019 est Medicare Utilization: 581,132	2007 Work RVU: 1.15 2007 NF PE RVU: NA 2007 Fac PE RVU 0.22 Result: Decrease 2020 Work RVU: 1.00 2020 NF PE RVU: NA 2020 Fac PE RVU:0.19
RUC Recommendation: 1.00		Referred to CPT Referred to CPT Asst <input type="checkbox"/> Published in CPT Asst:		

# Status Report: CMS Requests and Relativity Assessment Issues

**36818** Arteriovenous anastomosis, open; by upper arm cephalic vein transposition      **Global:** 090      **Issue:** Arteriovenous Anastomosis      **Screen:** CMS Request - Final Rule for 2013      **Complete?** Yes

**Most Recent RUC Meeting:** October 2013      **Tab** 10      **Specialty Developing Recommendation:** ACS, SVS      **First Identified:** November 2012      **2019 est Medicare Utilization:** 5,179      **2007 Work RVU:** 11.81      **2020 Work RVU:** 12.39  
**2007 NF PE RVU:** NA      **2020 NF PE RVU:** NA  
**2007 Fac PE RVU:** 5.73      **2020 Fac PE RVU:** 4.78  
**Result:** Increase

**RUC Recommendation:** 13.00      **Referred to CPT**  
**Referred to CPT Asst** ☐      **Published in CPT Asst:**

**36819** Arteriovenous anastomosis, open; by upper arm basilic vein transposition      **Global:** 090      **Issue:** Arteriovenous Anastomosis      **Screen:** CMS Request - Final Rule for 2013      **Complete?** Yes

**Most Recent RUC Meeting:** October 2013      **Tab** 10      **Specialty Developing Recommendation:** ACS, SVS      **First Identified:** November 2012      **2019 est Medicare Utilization:** 7,456      **2007 Work RVU:** 14.39      **2020 Work RVU:** 13.29  
**2007 NF PE RVU:** NA      **2020 NF PE RVU:** NA  
**2007 Fac PE RVU:** 6.08      **2020 Fac PE RVU:** 4.83  
**Result:** Increase

**RUC Recommendation:** 15.00      **Referred to CPT**  
**Referred to CPT Asst** ☐      **Published in CPT Asst:**

**36820** Arteriovenous anastomosis, open; by forearm vein transposition      **Global:** 090      **Issue:** Arteriovenous Anastomosis      **Screen:** Site of Service Anomaly / CMS Request - Final Rule for 2013      **Complete?** Yes

**Most Recent RUC Meeting:** October 2013      **Tab** 10      **Specialty Developing Recommendation:** ACS, SVS      **First Identified:** September 2007      **2019 est Medicare Utilization:** 1,343      **2007 Work RVU:** 14.39      **2020 Work RVU:** 13.07  
**2007 NF PE RVU:** NA      **2020 NF PE RVU:** NA  
**2007 Fac PE RVU:** 6.11      **2020 Fac PE RVU:** 5.04  
**Result:** Decrease

**RUC Recommendation:** 13.99      **Referred to CPT**  
**Referred to CPT Asst** ☐      **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**36821** Arteriovenous anastomosis, open; direct, any site (eg, Cimino type) (separate procedure) **Global:** 090 **Issue:** Arteriovenous Anastomosis **Screen:** Site of Service Anomaly / CMS Request - Final Rule for 2013 **Complete?** Yes

**Most Recent RUC Meeting:** October 2013 **Tab** 10 **Specialty Developing Recommendation:** ACS, SVS **First Identified:** September 2007 **2019 est Medicare Utilization:** 30,775 **2007 Work RVU:** 9.15 **2020 Work RVU:** 11.90 **2007 NF PE RVU:** NA **2020 NF PE RVU:** NA **2007 Fac PE RVU:** 4.49 **2020 Fac PE RVU:** 4.58 **Result:** Decrease

**RUC Recommendation:** 11.90 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**36822** Insertion of cannula(s) for prolonged extracorporeal circulation for cardiopulmonary insufficiency (ECMO) (separate procedure) **Global:** **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

**Most Recent RUC Meeting:** April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** February 2011 **2019 est Medicare Utilization:** **2007 Work RVU:** 5.51 **2020 Work RVU:** **2007 NF PE RVU:** NA **2020 NF PE RVU:** **2007 Fac PE RVU:** 4.23 **2020 Fac PE RVU:** **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** February 2014 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**36825** Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); autogenous graft **Global:** 090 **Issue:** Arteriovenous Anastomosis **Screen:** Site of Service Anomaly / CMS Request - Final Rule for 2013 **Complete?** Yes

**Most Recent RUC Meeting:** October 2013 **Tab** 10 **Specialty Developing Recommendation:** ACS, SVS **First Identified:** September 2007 **2019 est Medicare Utilization:** 1,949 **2007 Work RVU:** 10.00 **2020 Work RVU:** 14.17 **2007 NF PE RVU:** NA **2020 NF PE RVU:** NA **2007 Fac PE RVU:** 4.87 **2020 Fac PE RVU:** 5.57 **Result:** Increase

**RUC Recommendation:** 15.93 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

<b>36830</b>	<b>Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); nonautogenous graft (eg, biological collagen, thermoplastic graft)</b>	<b>Global:</b> 090	<b>Issue:</b> Arteriovenous Anastomosis	<b>Screen:</b> CMS Request - Final Rule for 2013	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2013	<b>Tab</b> 10 <b>Specialty Developing Recommendation:</b> ACS, SVS	<b>First Identified:</b> November 2012	<b>2019 est Medicare Utilization:</b> 20,101	<b>2007 Work RVU:</b> 12.00 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 4.98 <b>Result:</b> Decrease	<b>2020 Work RVU:</b> 12.03 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 4.51
<b>RUC Recommendation:</b> 11.90		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
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<b>36834</b>	<b>Deleted from CPT</b>	<b>Global:</b>	<b>Issue:</b> Aneurysm Repair	<b>Screen:</b> Site of Service Anomaly	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2007	<b>Tab</b> 16 <b>Specialty Developing Recommendation:</b> AVA, ACS	<b>First Identified:</b> September 2007	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> 11.11 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 4.68 <b>Result:</b> Deleted from CPT	<b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> February 2009 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
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<b>36870</b>	<b>Thrombectomy, percutaneous, arteriovenous fistula, autogenous or nonautogenous graft (includes mechanical thrombus extraction and intra-graft thrombolysis)</b>	<b>Global:</b>	<b>Issue:</b> Dialysis Circuit -1	<b>Screen:</b> Site of Service Anomaly (99238-Only) / CMS High Expenditure Procedural Codes / Codes Reported Together 75% or More-Part3	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 14 <b>Specialty Developing Recommendation:</b> ACR, SIR, SVS	<b>First Identified:</b> September 2007	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> 5.17 <b>2007 NF PE RVU:</b> 49.54 <b>2007 Fac PE RVU:</b> 2.99 <b>Result:</b> Deleted from CPT	<b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> October 2015 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

## Status Report: CMS Requests and Relativity Assessment Issues

**36901** Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report;

**Global:** 000 **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

**Most Recent RUC Meeting:** January 2016

**Tab** 14

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

**First Identified:** October 2015

**2019 est Medicare Utilization:** 68,183

**2007 Work RVU:**

**2020 Work RVU:** 3.36

**2007 NF PE RVU:**

**2020 NF PE RVU:** 15.89

**2007 Fac PE RVU**

**2020 Fac PE RVU:**1.06

**RUC Recommendation:** 3.36

**Referred to CPT** October 2015

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

**Result:** Decrease

**36902** Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report; with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty

**Global:** 000 **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

**Most Recent RUC Meeting:** January 2016

**Tab** 14

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

**First Identified:** October 2015

**2019 est Medicare Utilization:** 199,617

**2007 Work RVU:**

**2020 Work RVU:** 4.83

**2007 NF PE RVU:**

**2020 NF PE RVU:** 31.51

**2007 Fac PE RVU**

**2020 Fac PE RVU:**1.47

**RUC Recommendation:** 4.83

**Referred to CPT** October 2015

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

**Result:** Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

36903	Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report; with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis segment	Tab 14	Specialty Developing Recommendation:	ACR, RPA, SIR, SVS	First Identified:	October 2015	2019 est Medicare Utilization:	20,847	2007 Work RVU:	2007 NF PE RVU:	2007 Fac PE RVU Result:	Decrease	2020 Work RVU:	6.39	2020 NF PE RVU:	139.01	2020 Fac PE RVU:	1.88	Complete?	Yes
Most Recent RUC Meeting:		January 2016		Referred to CPT		October 2015		Referred to CPT Asst		<input type="checkbox"/>		Published in CPT Asst:								
RUC Recommendation:		6.39																		

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36904	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s);	Tab 14	Specialty Developing Recommendation:	ACR, RPA, SIR, SVS	First Identified:	October 2015	2019 est Medicare Utilization:	4,595	2007 Work RVU:	2007 NF PE RVU:	2007 Fac PE RVU Result:	Decrease	2020 Work RVU:	7.50	2020 NF PE RVU:	46.24	2020 Fac PE RVU:	2.23	Complete?	Yes
Most Recent RUC Meeting:		January 2016		Referred to CPT		October 2015		Referred to CPT Asst		<input type="checkbox"/>		Published in CPT Asst:								
RUC Recommendation:		7.50																		



## Status Report: CMS Requests and Relativity Assessment Issues

<b>36905</b>	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty	<b>Global:</b> 000	<b>Issue:</b> Dialysis Circuit -1	<b>Screen:</b> Codes Reported Together 75% or More-Part3	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab 14</b>	<b>Specialty Developing Recommendation:</b> ACR, RPA, SIR, SVS	<b>First Identified:</b> October 2015	<b>2019 est Medicare Utilization:</b> 41,205	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease <b>2020 Work RVU:</b> 9.00 <b>2020 NF PE RVU:</b> 58.60 <b>2020 Fac PE RVU:</b> 2.73
<b>RUC Recommendation:</b> 9.00			<b>Referred to CPT</b> October 2015 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	

<b>36906</b>	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit	<b>Global:</b> 000	<b>Issue:</b> Dialysis Circuit -1	<b>Screen:</b> Codes Reported Together 75% or More-Part3	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab 14</b>	<b>Specialty Developing Recommendation:</b> ACR, RPA, SIR, SVS	<b>First Identified:</b> October 2015	<b>2019 est Medicare Utilization:</b> 14,028	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease <b>2020 Work RVU:</b> 10.42 <b>2020 NF PE RVU:</b> 169.86 <b>2020 Fac PE RVU:</b> 3.07
<b>RUC Recommendation:</b> 10.42			<b>Referred to CPT</b> October 2015 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	

<b>36907</b>	Transluminal balloon angioplasty, central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the angioplasty (List separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Dialysis Circuit -1	<b>Screen:</b> Codes Reported Together 75% or More-Part3	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab 14</b>	<b>Specialty Developing Recommendation:</b> ACR, RPA, SIR, SVS	<b>First Identified:</b> October 2015	<b>2019 est Medicare Utilization:</b> 67,888	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease <b>2020 Work RVU:</b> 3.00 <b>2020 NF PE RVU:</b> 16.25 <b>2020 Fac PE RVU:</b> 0.84
<b>RUC Recommendation:</b> 3.00			<b>Referred to CPT</b> October 2015 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	

## Status Report: CMS Requests and Relativity Assessment Issues

**36908** Transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the stenting, and all angioplasty in the central dialysis segment (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

**Most Recent RUC Meeting:** January 2016

**Tab 14 Specialty Developing Recommendation:** ACR, RPA, SIR, SVS

**First Identified:** October 2015

**2019 est Medicare Utilization:** 5,376

**2007 Work RVU:**

**2020 Work RVU:** 4.25

**2007 NF PE RVU:**

**2020 NF PE RVU:** 54.75

**2007 Fac PE RVU**

**2020 Fac PE RVU:**1.14

**Result:** Decrease

**RUC Recommendation:** 4.25

**Referred to CPT** October 2015

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

**36909** Dialysis circuit permanent vascular embolization or occlusion (including main circuit or any accessory veins), endovascular, including all imaging and radiological supervision and interpretation necessary to complete the intervention (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

**Most Recent RUC Meeting:** January 2016

**Tab 14 Specialty Developing Recommendation:** ACR, RPA, SIR, SVS

**First Identified:** October 2015

**2019 est Medicare Utilization:** 5,424

**2007 Work RVU:**

**2020 Work RVU:** 4.12

**2007 NF PE RVU:**

**2020 NF PE RVU:** 52.10

**2007 Fac PE RVU**

**2020 Fac PE RVU:**1.11

**Result:** Decrease

**RUC Recommendation:** 4.12

**Referred to CPT** October 2015

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

**37183** Revision of transvenous intrahepatic portosystemic shunt(s) (TIPS) (includes venous access, hepatic and portal vein catheterization, portography with hemodynamic evaluation, intrahepatic tract recannulization/dilatation, stent placement and all associated imaging guidance and documentation) **Global:** 000 **Issue:** Interventional Radiology Procedures **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

**Most Recent RUC Meeting:** February 2009

**Tab 21 Specialty Developing Recommendation:** ACR, SIR

**First Identified:** NA

**2019 est Medicare Utilization:** 893

**2007 Work RVU:** 7.99

**2020 Work RVU:** 7.74

**2007 NF PE RVU:** NA

**2020 NF PE RVU:** 167.70

**2007 Fac PE RVU** 2.89

**2020 Fac PE RVU:**2.42

**Result:** PE Only

**RUC Recommendation:** New PE inputs

**Referred to CPT**

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

## Status Report: CMS Requests and Relativity Assessment Issues

<b>37191</b>	Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	<b>Global:</b> 000	<b>Issue:</b> IVC Transcatheter Procedure	<b>Screen:</b> Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2011	<b>Tab</b> 12 <b>Specialty Developing Recommendation:</b> ACR, SIR, SVS	<b>First Identified:</b> February 2011	<b>2019 est Medicare Utilization:</b> 25,555	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease	<b>2020 Work RVU:</b> 4.46 <b>2020 NF PE RVU:</b> 62.99 <b>2020 Fac PE RVU:</b> 1.42
<b>RUC Recommendation:</b> 4.71		<b>Referred to CPT</b> February 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>37192</b>	Repositioning of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	<b>Global:</b> 000	<b>Issue:</b> IVC Transcatheter Procedure	<b>Screen:</b> Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2011	<b>Tab</b> 12 <b>Specialty Developing Recommendation:</b> ACR, SIR, SVS	<b>First Identified:</b> February 2011	<b>2019 est Medicare Utilization:</b> 32	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease	<b>2020 Work RVU:</b> 7.10 <b>2020 NF PE RVU:</b> 29.50 <b>2020 Fac PE RVU:</b> 1.23
<b>RUC Recommendation:</b> 8.00		<b>Referred to CPT</b> February 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>37193</b>	Retrieval (removal) of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	<b>Global:</b> 000	<b>Issue:</b> IVC Transcatheter Procedure	<b>Screen:</b> Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2011	<b>Tab</b> 12 <b>Specialty Developing Recommendation:</b> ACR, SIR, SVS	<b>First Identified:</b> February 2011	<b>2019 est Medicare Utilization:</b> 7,478	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease	<b>2020 Work RVU:</b> 7.10 <b>2020 NF PE RVU:</b> 37.04 <b>2020 Fac PE RVU:</b> 2.08
<b>RUC Recommendation:</b> 8.00		<b>Referred to CPT</b> February 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

# Status Report: CMS Requests and Relativity Assessment Issues

<b>37201</b>	Transcatheter therapy, infusion for thrombolysis other than coronary	<b>Global:</b>	<b>Issue:</b> Bundle Thrombolysis	<b>Screen:</b> Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab</b> 15	<b>Specialty Developing Recommendation:</b> ACR, SIR, SVS	<b>First Identified:</b> February 2010	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> 4.99 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 2.43 <b>Result:</b> Deleted from CPT
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> October 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>
<b>37203</b>	Transcatheter retrieval, percutaneous, of intravascular foreign body (eg, fractured venous or arterial catheter)	<b>Global:</b>	<b>Issue:</b> Transcatheter Procedures	<b>Screen:</b> Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2011	<b>Tab</b> 07	<b>Specialty Developing Recommendation:</b> ACC, ACR, SIR, SVS	<b>First Identified:</b> February 2010	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> 5.02 <b>2007 NF PE RVU:</b> 31.87 <b>2007 Fac PE RVU:</b> 1.98 <b>Result:</b> Deleted from CPT
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> June 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>
<b>37204</b>	Transcatheter occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method, non-central nervous system, non-head or neck	<b>Global:</b>	<b>Issue:</b> Embolization and Occlusion Procedures	<b>Screen:</b> Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab</b> 08	<b>Specialty Developing Recommendation:</b> ACC, ACR, SIR, SVS	<b>First Identified:</b> February 2010	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> 18.11 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 5.75 <b>Result:</b> Deleted from CPT
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> February 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>

## Status Report: CMS Requests and Relativity Assessment Issues

**37205** Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac, and lower extremity arteries), percutaneous; initial vessel **Global:** **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 / Codes Reported Together 75% or More-Part1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2010

**Tab** 07

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

**First Identified:** February 2010

**2019 est Medicare Utilization:**

**2007 Work RVU:** 8.27

**2020 Work RVU:**

**2007 NF PE RVU:** NA

**2020 NF PE RVU:**

**2007 Fac PE RVU** 3.77

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2013

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

**37206** Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac, and lower extremity arteries), percutaneous; each additional vessel (List separately in addition to code for primary procedure) **Global:** **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2010

**Tab** 07

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

**First Identified:** February 2010

**2019 est Medicare Utilization:**

**2007 Work RVU:** 4.12

**2020 Work RVU:**

**2007 NF PE RVU:** NA

**2020 NF PE RVU:**

**2007 Fac PE RVU** 1.46

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2013

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

**37207** Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac and lower extremity arteries), open; initial vessel **Global:** **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2010

**Tab** 07

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

**First Identified:** February 2010

**2019 est Medicare Utilization:**

**2007 Work RVU:** 8.27

**2020 Work RVU:**

**2007 NF PE RVU:** NA

**2020 NF PE RVU:**

**2007 Fac PE RVU** 2.98

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2013

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

# Status Report: CMS Requests and Relativity Assessment Issues

**37208** Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac and lower extremity arteries), open; each additional vessel (List separately in addition to code for primary procedure) **Global:** **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2010

**Tab** 07

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

**First Identified:** February 2010

**2019 est Medicare Utilization:**

**2007 Work RVU:** 4.12

**2020 Work RVU:**

**2007 NF PE RVU:** NA

**2020 NF PE RVU:**

**2007 Fac PE RVU** 1.3

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2013

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

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

**Most Recent RUC Meeting:** April 2012

**Tab** 15

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

**First Identified:** February 2010

**2019 est Medicare Utilization:**

**2007 Work RVU:** 2.27

**2020 Work RVU:**

**2007 NF PE RVU:** NA

**2020 NF PE RVU:**

**2007 Fac PE RVU** 0.72

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2011

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

**37210** Uterine fibroid embolization (UFE, embolization of the uterine arteries to treat uterine fibroids, leiomyomata), percutaneous approach inclusive of vascular access, vessel selection, embolization, and all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the procedure **Global:** **Issue:** Embolization and Occlusion Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2013

**Tab** 08

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

**First Identified:** February 2010

**2019 est Medicare Utilization:**

**2007 Work RVU:** 10.60

**2020 Work RVU:**

**2007 NF PE RVU:** 46.03

**2020 NF PE RVU:**

**2007 Fac PE RVU** 3.13

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2013

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

## Status Report: CMS Requests and Relativity Assessment Issues

<b>37211</b>	Transcatheter therapy, arterial infusion for thrombolysis other than coronary or intracranial, any method, including radiological supervision and interpretation, initial treatment day	<b>Global:</b> 000	<b>Issue:</b> Bundle Thrombolysis	<b>Screen:</b> Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab</b> 15	<b>Specialty Developing Recommendation:</b> ACR, SIR, SVS	<b>First Identified:</b> February 2010	<b>2019 est Medicare Utilization:</b> 10,642	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease <b>2020 Work RVU:</b> 7.75 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 2.14
<b>RUC Recommendation:</b> 8.00			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
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<b>37212</b>	Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day	<b>Global:</b> 000	<b>Issue:</b> Bundle Thrombolysis	<b>Screen:</b> Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab</b> 15	<b>Specialty Developing Recommendation:</b> ACR, SIR, SVS	<b>First Identified:</b> February 2010	<b>2019 est Medicare Utilization:</b> 3,012	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease <b>2020 Work RVU:</b> 6.81 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 1.93
<b>RUC Recommendation:</b> 7.06			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
<hr/>					
<b>37213</b>	Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed;	<b>Global:</b> 000	<b>Issue:</b> Bundle Thrombolysis	<b>Screen:</b> Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab</b> 15	<b>Specialty Developing Recommendation:</b> ACR, SIR, SVS	<b>First Identified:</b> February 2010	<b>2019 est Medicare Utilization:</b> 2,217	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease <b>2020 Work RVU:</b> 4.75 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 1.29
<b>RUC Recommendation:</b> 5.00			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	

## Status Report: CMS Requests and Relativity Assessment Issues

<b>37214</b>	Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed; cessation of thrombolysis including removal of catheter and vessel closure by any method	<b>Global:</b> 000	<b>Issue:</b> Bundle Thrombolysis	<b>Screen:</b> Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab</b> 15	<b>Specialty Developing Recommendation:</b> ACR, SIR, SVS	<b>First Identified:</b> February 2010	<b>2019 est Medicare Utilization:</b> 5,963	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease <b>2020 Work RVU:</b> 2.49 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 0.68
<b>RUC Recommendation:</b> 3.04			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
<b>37220</b>	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty	<b>Global:</b> 000	<b>Issue:</b> Endovascular Revascularization	<b>Screen:</b> High Volume Growth1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2019	<b>Tab</b> 37	<b>Specialty Developing Recommendation:</b> SVS, ACS, SIR, ACR, ACC	<b>First Identified:</b> February 2010	<b>2019 est Medicare Utilization:</b> 12,377	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease <b>2020 Work RVU:</b> 7.90 <b>2020 NF PE RVU:</b> 72.50 <b>2020 Fac PE RVU:</b> 2.06
<b>RUC Recommendation:</b> Refer to CPT. 8.15			<b>Referred to CPT</b> October 2020 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
<b>37221</b>	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	<b>Global:</b> 000	<b>Issue:</b> Endovascular Revascularization	<b>Screen:</b> High Volume Growth1	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> January 2019	<b>Tab</b> 37	<b>Specialty Developing Recommendation:</b> SVS, ACS, SIR, ACR, ACC	<b>First Identified:</b> February 2010	<b>2019 est Medicare Utilization:</b> 35,798	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease <b>2020 Work RVU:</b> 9.75 <b>2020 NF PE RVU:</b> 99.34 <b>2020 Fac PE RVU:</b> 2.56
<b>RUC Recommendation:</b> Refer to CPT. 10.00			<b>Referred to CPT</b> October 2020 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	



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<b>37222</b>	Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Endovascular Revascularization	<b>Screen:</b> High Volume Growth1	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> January 2019	<b>Tab 37</b>	<b>Specialty Developing Recommendation:</b> SVS, ACS, SIR, ACR, ACC	<b>First Identified:</b> February 2010	<b>2019 est Medicare Utilization:</b> 3,550	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease <b>2020 Work RVU:</b> 3.73 <b>2020 NF PE RVU:</b> 16.71 <b>2020 Fac PE RVU:</b> 0.88
<b>RUC Recommendation:</b> Refer to CPT. 3.73			<b>Referred to CPT</b> October 2020 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
<b>37223</b>	Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Endovascular Revascularization	<b>Screen:</b> High Volume Growth1	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> January 2019	<b>Tab 37</b>	<b>Specialty Developing Recommendation:</b> SVS, ACS, SIR, ACR, ACC	<b>First Identified:</b> February 2010	<b>2019 est Medicare Utilization:</b> 5,293	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease <b>2020 Work RVU:</b> 4.25 <b>2020 NF PE RVU:</b> 49.30 <b>2020 Fac PE RVU:</b> 1.03
<b>RUC Recommendation:</b> Refer to CPT. 4.25			<b>Referred to CPT</b> October 2020 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
<b>37224</b>	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty	<b>Global:</b> 000	<b>Issue:</b> Endovascular Revascularization	<b>Screen:</b> High Volume Growth1	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> January 2019	<b>Tab 37</b>	<b>Specialty Developing Recommendation:</b> SVS, ACS, SIR, ACR, ACC	<b>First Identified:</b> February 2010	<b>2019 est Medicare Utilization:</b> 34,142	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease <b>2020 Work RVU:</b> 8.75 <b>2020 NF PE RVU:</b> 87.04 <b>2020 Fac PE RVU:</b> 2.34
<b>RUC Recommendation:</b> Refer to CPT. 9.00			<b>Referred to CPT</b> October 2020 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	

## Status Report: CMS Requests and Relativity Assessment Issues

**37225** Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed

**Global:** 000

**Issue:** Endovascular Revascularization

**Screen:** High Volume Growth1 / PE Screen - High Cost Supplies

**Complete?** No

**Most Recent RUC Meeting:** January 2019

**Tab** 37

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

**First Identified:** February 2010

**2019 est Medicare Utilization:** 45,496

**2007 Work RVU:**

**2020 Work RVU:** 11.75

**2007 NF PE RVU:**

**2020 NF PE RVU:** 306.67

**2007 Fac PE RVU**

**2020 Fac PE RVU:**3.29

**Result:** Decrease

**RUC Recommendation:** Refer to CPT.

**Referred to CPT** October 2020

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

**37226** Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed

**Global:** 000

**Issue:** Endovascular Revascularization

**Screen:** High Volume Growth1

**Complete?** No

**Most Recent RUC Meeting:** January 2019

**Tab** 37

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

**First Identified:** February 2010

**2019 est Medicare Utilization:** 24,981

**2007 Work RVU:**

**2020 Work RVU:** 10.24

**2007 NF PE RVU:**

**2020 NF PE RVU:** 272.56

**2007 Fac PE RVU**

**2020 Fac PE RVU:**2.70

**Result:** Decrease

**RUC Recommendation:** Refer to CPT. 10.49

**Referred to CPT** October 2020

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

**37227** Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed

**Global:** 000

**Issue:** Endovascular Revascularization

**Screen:** High Volume Growth1 / PE Screen - High Cost Supplies

**Complete?** No

**Most Recent RUC Meeting:** January 2019

**Tab** 37

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

**First Identified:** February 2010

**2019 est Medicare Utilization:** 23,176

**2007 Work RVU:**

**2020 Work RVU:** 14.25

**2007 NF PE RVU:**

**2020 NF PE RVU:** 395.33

**2007 Fac PE RVU**

**2020 Fac PE RVU:**3.81

**Result:** Decrease

**RUC Recommendation:** Refer to CPT. 14.50

**Referred to CPT** October 2020

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

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<b>37228</b>	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal angioplasty	<b>Global:</b> 000	<b>Issue:</b> Endovascular Revascularization	<b>Screen:</b> High Volume Growth1	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> January 2019	<b>Tab 37</b>	<b>Specialty Developing Recommendation:</b> SVS, ACS, SIR, ACR, ACC	<b>First Identified:</b> February 2010	<b>2019 est Medicare Utilization:</b> 34,531	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease <b>2020 Work RVU:</b> 10.75 <b>2020 NF PE RVU:</b> 127.53 <b>2020 Fac PE RVU:</b> 2.77
<b>RUC Recommendation:</b> Refer to CPT. 11.00			<b>Referred to CPT</b> October 2020 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		
<b>37229</b>	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed	<b>Global:</b> 000	<b>Issue:</b> Endovascular Revascularization	<b>Screen:</b> High Volume Growth1 / PE Screen - High Cost Supplies / High Volume Growth5	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> January 2019	<b>Tab 37</b>	<b>Specialty Developing Recommendation:</b> SVS, ACS, SIR, ACR, ACC	<b>First Identified:</b> February 2010	<b>2019 est Medicare Utilization:</b> 39,373	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease <b>2020 Work RVU:</b> 13.80 <b>2020 NF PE RVU:</b> 305.51 <b>2020 Fac PE RVU:</b> 3.81
<b>RUC Recommendation:</b> Refer to CPT. 14.05			<b>Referred to CPT</b> October 2020 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		
<b>37230</b>	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	<b>Global:</b> 000	<b>Issue:</b> Endovascular Revascularization	<b>Screen:</b> High Volume Growth1	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> January 2019	<b>Tab 37</b>	<b>Specialty Developing Recommendation:</b> SVS, ACS, SIR, ACR, ACC	<b>First Identified:</b> February 2010	<b>2019 est Medicare Utilization:</b> 2,808	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease <b>2020 Work RVU:</b> 13.55 <b>2020 NF PE RVU:</b> 273.31 <b>2020 Fac PE RVU:</b> 3.89
<b>RUC Recommendation:</b> Refer to CPT. 13.80			<b>Referred to CPT</b> October 2020 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		

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<b>37231</b>	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed	<b>Global:</b> 000	<b>Issue:</b> Endovascular Revascularization	<b>Screen:</b> High Volume Growth1	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> January 2019	<b>Tab 37</b>	<b>Specialty Developing Recommendation:</b> SVS, ACS, SIR, ACR, ACC	<b>First Identified:</b> February 2010	<b>2019 est Medicare Utilization:</b> 2,320	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease <b>2020 Work RVU:</b> 14.75 <b>2020 NF PE RVU:</b> 383.32 <b>2020 Fac PE RVU:</b> 4.25
<b>RUC Recommendation:</b> Refer to CPT. 15.00			<b>Referred to CPT</b> October 2020 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
<b>37232</b>	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Endovascular Revascularization	<b>Screen:</b> High Volume Growth1	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> January 2019	<b>Tab 37</b>	<b>Specialty Developing Recommendation:</b> SVS, ACS, SIR, ACR, ACC	<b>First Identified:</b> February 2010	<b>2019 est Medicare Utilization:</b> 14,835	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease <b>2020 Work RVU:</b> 4.00 <b>2020 NF PE RVU:</b> 24.28 <b>2020 Fac PE RVU:</b> 1.04
<b>RUC Recommendation:</b> Refer to CPT. 4.00			<b>Referred to CPT</b> October 2020 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
<b>37233</b>	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Endovascular Revascularization	<b>Screen:</b> High Volume Growth1	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> January 2019	<b>Tab 37</b>	<b>Specialty Developing Recommendation:</b> SVS, ACS, SIR, ACR, ACC	<b>First Identified:</b> February 2010	<b>2019 est Medicare Utilization:</b> 9,241	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease <b>2020 Work RVU:</b> 6.50 <b>2020 NF PE RVU:</b> 27.89 <b>2020 Fac PE RVU:</b> 1.67
<b>RUC Recommendation:</b> Refer to CPT. 6.50			<b>Referred to CPT</b> October 2020 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	

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<b>37234</b>	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Endovascular Revascularization	<b>Screen:</b> High Volume Growth1	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> January 2019	<b>Tab</b> 37 <b>Specialty Developing Recommendation:</b> SVS, ACS, SIR, ACR, ACC	<b>First Identified:</b> February 2010	<b>2019 est Medicare Utilization:</b> 343	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease	<b>2020 Work RVU:</b> 5.50 <b>2020 NF PE RVU:</b> 103.75 <b>2020 Fac PE RVU:</b> 1.62
<b>RUC Recommendation:</b> Refer to CPT. 5.50		<b>Referred to CPT</b> October 2020 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>37235</b>	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Endovascular Revascularization	<b>Screen:</b> High Volume Growth1	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> January 2019	<b>Tab</b> 37 <b>Specialty Developing Recommendation:</b> SVS, ACS, SIR, ACR, ACC	<b>First Identified:</b> February 2010	<b>2019 est Medicare Utilization:</b> 100	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease	<b>2020 Work RVU:</b> 7.80 <b>2020 NF PE RVU:</b> 106.94 <b>2020 Fac PE RVU:</b> 2.29
<b>RUC Recommendation:</b> Refer to CPT. 7.80		<b>Referred to CPT</b> October 2020 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>37236</b>	Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; initial artery	<b>Global:</b> 000	<b>Issue:</b> Transcatheter Placement of Intravascular Stent	<b>Screen:</b> Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab</b> 09 <b>Specialty Developing Recommendation:</b> SVS, ACS, SIR, ACR, ACC	<b>First Identified:</b> February 2013	<b>2019 est Medicare Utilization:</b> 13,074	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease	<b>2020 Work RVU:</b> 8.75 <b>2020 NF PE RVU:</b> 85.33 <b>2020 Fac PE RVU:</b> 2.38
<b>RUC Recommendation:</b> 9.00		<b>Referred to CPT</b> February 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

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37237	Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; each additional artery (List separately in addition to code for primary procedure)	Global: ZZZ	Issue: Transcatheter Placement of Intravascular Stent	Screen: Codes Reported Together 75% or More-Part1	Complete? Yes
Most Recent RUC Meeting: April 2013	Tab 09 Specialty Developing Recommendation: SVS, ACS, SIR, ACR, ACC	First Identified: February 2013	2019 est Medicare Utilization: 1,497	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2020 Work RVU: 4.25 2020 NF PE RVU: 48.05 2020 Fac PE RVU:1.03
RUC Recommendation: 4.25		Referred to CPT February 2013 Referred to CPT Asst <input type="checkbox"/> Published in CPT Asst:			
37238	Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; initial vein	Global: 000	Issue: Transcatheter Placement of Intravascular Stent	Screen: Codes Reported Together 75% or More-Part1	Complete? Yes
Most Recent RUC Meeting: April 2013	Tab 09 Specialty Developing Recommendation: SVS, ACS, SIR, ACR, ACC	First Identified: February 2013	2019 est Medicare Utilization: 10,579	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2020 Work RVU: 6.04 2020 NF PE RVU: 83.21 2020 Fac PE RVU:1.76
RUC Recommendation: 6.29		Referred to CPT February 2013 Referred to CPT Asst <input type="checkbox"/> Published in CPT Asst:			
37239	Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; each additional vein (List separately in addition to code for primary procedure)	Global: ZZZ	Issue: Transcatheter Placement of Intravascular Stent	Screen: Codes Reported Together 75% or More-Part1	Complete? Yes
Most Recent RUC Meeting: April 2013	Tab 09 Specialty Developing Recommendation: SVS, ACS, SIR, ACR, ACC	First Identified: February 2013	2019 est Medicare Utilization: 4,688	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2020 Work RVU: 2.97 2020 NF PE RVU: 38.28 2020 Fac PE RVU:0.86
RUC Recommendation: 3.34		Referred to CPT February 2013 Referred to CPT Asst <input type="checkbox"/> Published in CPT Asst:			

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<b>37241</b>	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; venous, other than hemorrhage (eg, congenital or acquired venous malformations, venous and capillary hemangiomas, varices, varicoceles)	<b>Global:</b> 000	<b>Issue:</b> Embolization and Occlusion Procedures	<b>Screen:</b> Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab</b> 08 <b>Specialty Developing Recommendation:</b> SVS, ACS, SIR, ACR, ACC	<b>First Identified:</b> February 2010	<b>2019 est Medicare Utilization:</b> 1,922	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease	<b>2020 Work RVU:</b> 8.75 <b>2020 NF PE RVU:</b> 130.10 <b>2020 Fac PE RVU:</b> 2.61
<b>RUC Recommendation:</b> 9.00		<b>Referred to CPT</b> February 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>37242</b>	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; arterial, other than hemorrhage or tumor (eg, congenital or acquired arterial malformations, arteriovenous malformations, arteriovenous fistulas, aneurysms, pseudoaneurysms)	<b>Global:</b> 000	<b>Issue:</b> Embolization and Occlusion Procedures	<b>Screen:</b> Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab</b> 08 <b>Specialty Developing Recommendation:</b> SVS, ACS, SIR, ACR, ACC	<b>First Identified:</b> February 2010	<b>2019 est Medicare Utilization:</b> 8,635	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease	<b>2020 Work RVU:</b> 9.80 <b>2020 NF PE RVU:</b> 205.62 <b>2020 Fac PE RVU:</b> 2.69
<b>RUC Recommendation:</b> 11.98		<b>Referred to CPT</b> February 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>37243</b>	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction	<b>Global:</b> 000	<b>Issue:</b> Embolization and Occlusion Procedures	<b>Screen:</b> Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab</b> 08 <b>Specialty Developing Recommendation:</b> SVS, ACS, SIR, ACR, ACC	<b>First Identified:</b> February 2010	<b>2019 est Medicare Utilization:</b> 14,067	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease	<b>2020 Work RVU:</b> 11.74 <b>2020 NF PE RVU:</b> 260.80 <b>2020 Fac PE RVU:</b> 3.52
<b>RUC Recommendation:</b> 14.00		<b>Referred to CPT</b> February 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		



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37244	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation	Global: 000	Issue: Embolization and Occlusion Procedures	Screen: Codes Reported Together 75% or More-Part1	Complete? Yes
Most Recent RUC Meeting: April 2013	Tab 08 Specialty Developing Recommendation: SVS, ACS, SIR, ACR, ACC	First Identified: February 2010	2019 est Medicare Utilization: 12,731	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2020 Work RVU: 13.75 2020 NF PE RVU: 185.77 2020 Fac PE RVU:4.30
RUC Recommendation: 14.00		Referred to CPT February 2013 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
37246	Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; initial artery	Global: 000	Issue: Open and Percutaneous Transluminal Angioplasty	Screen: Codes Reported Together 75% or More-Part3	Complete? Yes
Most Recent RUC Meeting: January 2016	Tab 15 Specialty Developing Recommendation: ACR, SIR, SVS	First Identified: October 2015	2019 est Medicare Utilization: 8,680	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2020 Work RVU: 7.00 2020 NF PE RVU: 50.20 2020 Fac PE RVU:1.97
RUC Recommendation: 7.00		Referred to CPT October 2015 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
37247	Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; each additional artery (List separately in addition to code for primary procedure)	Global: ZZZ	Issue: Open and Percutaneous Transluminal Angioplasty	Screen: Codes Reported Together 75% or More-Part3	Complete? Yes
Most Recent RUC Meeting: January 2016	Tab 15 Specialty Developing Recommendation: ACR, SIR, SVS	First Identified: October 2015	2019 est Medicare Utilization: 760	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2020 Work RVU: 3.50 2020 NF PE RVU: 16.46 2020 Fac PE RVU:0.90
RUC Recommendation: 3.50		Referred to CPT October 2015 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		



## Status Report: CMS Requests and Relativity Assessment Issues

<b>37248</b>	Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; initial vein	<b>Global:</b> 000	<b>Issue:</b> Open and Percutaneous Transluminal Angioplasty	<b>Screen:</b> Codes Reported Together 75% or More-Part3	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 15 <b>Specialty Developing Recommendation:</b> ACR, SIR, SVS	<b>First Identified:</b> October 2015	<b>2019 est Medicare Utilization:</b> 15,577	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease	<b>2020 Work RVU:</b> 6.00 <b>2020 NF PE RVU:</b> 36.11 <b>2020 Fac PE RVU:</b> 1.82
<b>RUC Recommendation:</b> 6.00		<b>Referred to CPT</b> October 2015 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>37249</b>	Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; each additional vein (List separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Open and Percutaneous Transluminal Angioplasty	<b>Screen:</b> Codes Reported Together 75% or More-Part3	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 15 <b>Specialty Developing Recommendation:</b> ACR, SIR, SVS	<b>First Identified:</b> October 2015	<b>2019 est Medicare Utilization:</b> 3,865	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease	<b>2020 Work RVU:</b> 2.97 <b>2020 NF PE RVU:</b> 12.26 <b>2020 Fac PE RVU:</b> 0.83
<b>RUC Recommendation:</b> 2.97		<b>Referred to CPT</b> October 2015 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>37250</b>	Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention; initial vessel (List separately in addition to code for primary procedure)	<b>Global:</b>	<b>Issue:</b> Intravascular Ultrasound	<b>Screen:</b> Final Rule for 2015	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2015	<b>Tab</b> 07 <b>Specialty Developing Recommendation:</b> ACC, SCAI, SIR, SVS	<b>First Identified:</b> July 2014	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> 2.10 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU Result:</b> Deleted from CPT	<b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> October 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

## Status Report: CMS Requests and Relativity Assessment Issues

**37251** Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention; each additional vessel (List separately in addition to code for primary procedure) **Global:** **Issue:** Intravascular Ultrasound **Screen:** Final Rule for 2015 **Complete?** Yes

**Most Recent RUC Meeting:** January 2015

**Tab 07 Specialty Developing Recommendation:** ACC,SCAI, SIR, SVS

**First Identified:** July 2014

**2019 est Medicare Utilization:**

**2007 Work RVU:** 1.60

**2020 Work RVU:**

**2007 NF PE RVU:** NA

**2020 NF PE RVU:**

**2007 Fac PE RVU** 0.54

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2014

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

**37252** Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; initial noncoronary vessel (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Intravascular Ultrasound **Screen:** Final Rule for 2015 / Work Neutrality (CPT 2016) **Complete?** Yes

**Most Recent RUC Meeting:** October 2018

**Tab 14 Specialty Developing Recommendation:** ACC,SCAI, SIR, SVS

**First Identified:** July 2014

**2019 est Medicare Utilization:** 60,377

**2007 Work RVU:**

**2020 Work RVU:** 1.80

**2007 NF PE RVU:**

**2020 NF PE RVU:** 31.12

**2007 Fac PE RVU**

**2020 Fac PE RVU:**0.46

**Result:** Decrease

**RUC Recommendation:** 1.80

**Referred to CPT** October 2014

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

**37253** Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; each additional noncoronary vessel (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Intravascular Ultrasound **Screen:** Final Rule for 2015 / Work Neutrality (CPT 2016) **Complete?** Yes

**Most Recent RUC Meeting:** October 2018

**Tab 14 Specialty Developing Recommendation:** ACC,SCAI, SIR, SVS

**First Identified:** July 2014

**2019 est Medicare Utilization:** 91,408

**2007 Work RVU:**

**2020 Work RVU:** 1.44

**2007 NF PE RVU:**

**2020 NF PE RVU:** 3.64

**2007 Fac PE RVU**

**2020 Fac PE RVU:**0.37

**Result:** Decrease

**RUC Recommendation:** 1.44

**Referred to CPT** October 2014

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

# Status Report: CMS Requests and Relativity Assessment Issues

**37609** Ligation or biopsy, temporal artery

**Global:** 010

**Issue:** Ligation

**Screen:** Site of Service Anomaly  
(99238-Only)

**Complete?** Yes

**Most Recent  
RUC Meeting:** September 2007

**Tab** 16

**Specialty Developing  
Recommendation:** SVS, ACS

**First  
Identified:** September 2007

**2019 est  
Medicare  
Utilization:** 14,539

**2007 Work RVU:** 3.02

**2020 Work RVU:** 3.05

**2007 NF PE RVU:** 4.43

**2020 NF PE RVU:** 5.27

**2007 Fac PE RVU** 1.93

**2020 Fac PE RVU:**2.27

**Result:** PE Only

**RUC Recommendation:** Reduce 99238 to 0.5

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**37619** Ligation of inferior vena cava

**Global:** 090

**Issue:** Ligation of Inferior Vena  
Cava

**Screen:** Codes Reported  
Together 75% or More-  
Part1

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2011

**Tab** 13

**Specialty Developing  
Recommendation:** ACS, SVS

**First  
Identified:** February 2011

**2019 est  
Medicare  
Utilization:** 33

**2007 Work RVU:**

**2020 Work RVU:** 30.00

**2007 NF PE RVU:**

**2020 NF PE RVU:** NA

**2007 Fac PE RVU**

**2020 Fac PE RVU:**13.09

**Result:** Increase

**RUC Recommendation:** 37.60

**Referred to CPT** February 2011

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**37620** Interruption, partial or complete, of inferior vena cava by suture, ligation,  
plication, clip, extravascular, intravascular (umbrella device)

**Global:**

**Issue:** Major Vein Revision

**Screen:** Codes Reported  
Together 75% or More-  
Part1

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2010

**Tab** 45

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

**First  
Identified:** February 2010

**2019 est  
Medicare  
Utilization:**

**2007 Work RVU:** 11.49

**2020 Work RVU:**

**2007 NF PE RVU:** NA

**2020 NF PE RVU:**

**2007 Fac PE RVU** 5.52

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2011

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**37760** Ligation of perforator veins, subfascial, radical (Linton type), including skin graft, when performed, open,1 leg **Global:** 090 **Issue:** Perorator Vein Ligation **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent RUC Meeting:** April 2009 **Tab** 10 **Specialty Developing Recommendation:** SVS, ACS **First Identified:** September 2007 **2019 est Medicare Utilization:** 65 **2007 Work RVU:** 10.69 **2020 Work RVU:** 10.78 **2007 NF PE RVU:** NA **2020 NF PE RVU:** NA **2007 Fac PE RVU** 5.14 **2020 Fac PE RVU:**4.77 **Result:** Maintain

**RUC Recommendation:** 10.69 **Referred to CPT** February 2009 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**37761** Ligation of perforator vein(s), subfascial, open, including ultrasound guidance, when performed, 1 leg **Global:** 090 **Issue:** Perforator Vein Ligation **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent RUC Meeting:** April 2009 **Tab** 10 **Specialty Developing Recommendation:** SVS, ACS **First Identified:** April 2009 **2019 est Medicare Utilization:** 350 **2007 Work RVU:** 9.13 **2020 Work RVU:** 9.13 **2007 NF PE RVU:** NA **2020 NF PE RVU:** NA **2007 Fac PE RVU** 4.46 **2020 Fac PE RVU:**4.46 **Result:** Increase

**RUC Recommendation:** 9.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**37765** Stab phlebectomy of varicose veins, 1 extremity; 10-20 stab incisions **Global:** 010 **Issue:** Stab Phlebectomy of Varicose Veins **Screen:** High Volume Growth1 / CMS Fastest Growing **Complete?** Yes

**Most Recent RUC Meeting:** April 2018 **Tab** 12 **Specialty Developing Recommendation:** ACS, SIR, SVS **First Identified:** February 2008 **2019 est Medicare Utilization:** 14,709 **2007 Work RVU:** 7.63 **2020 Work RVU:** 4.80 **2007 NF PE RVU:** NA **2020 NF PE RVU:** 6.87 **2007 Fac PE RVU** 4.36 **2020 Fac PE RVU:**2.07 **Result:** Decrease

**RUC Recommendation:** 4.80 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**37766** Stab phlebectomy of varicose veins, 1 extremity; more than 20 incisions **Global:** 010 **Issue:** Stab Phlebectomy of Varicose Veins **Screen:** High Volume Growth1 / CMS Fastest Growing **Complete?** Yes

**Most Recent RUC Meeting:** April 2018 **Tab** 12 **Specialty Developing Recommendation:** ACS, SIR, SVS **First Identified:** February 2008 **2019 est Medicare Utilization:** 11,253 **2007 Work RVU:** 9.58 **2020 Work RVU:** 6.00 **2007 NF PE RVU:** NA **2020 NF PE RVU:** 7.57 **2007 Fac PE RVU** 5.01 **2020 Fac PE RVU:**2.40 **Result:** Decrease

**RUC Recommendation:** 6.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**37785**    Ligation, division, and/or excision of varicose vein cluster(s), 1 leg    **Global:** 090    **Issue:** Ligation    **Screen:** Site of Service Anomaly (99238-Only)    **Complete?** Yes

**Most Recent RUC Meeting:** September 2007    **Tab** 16    **Specialty Developing Recommendation:** APMA, SVS, ACS    **First Identified:** September 2007    **2019 est Medicare Utilization:** 934    **2007 Work RVU:** 3.87    **2020 Work RVU:** 3.93  
**2007 NF PE RVU:** 5.12    **2020 NF PE RVU:** 5.38  
**2007 Fac PE RVU:** 2.69    **2020 Fac PE RVU:** 2.64  
**Result:** PE Only

**RUC Recommendation:** Reduce 99238 to 0.5    **Referred to CPT**    **Referred to CPT Asst** ☐    **Published in CPT Asst:**

**38220**    Diagnostic bone marrow; aspiration(s)    **Global:** XXX    **Issue:** Diagnostic Bone Marrow Aspiration and Biopsy    **Screen:** CMS High Expenditure Procedural Codes2    **Complete?** Yes

**Most Recent RUC Meeting:** April 2016    **Tab** 06    **Specialty Developing Recommendation:** ASCO, ASH, CAP, ASBMT    **First Identified:** February 2016    **2019 est Medicare Utilization:** 7,044    **2007 Work RVU:** 1.08    **2020 Work RVU:** 1.20  
**2007 NF PE RVU:** 3.46    **2020 NF PE RVU:** 3.39  
**2007 Fac PE RVU:** 0.5    **2020 Fac PE RVU:** 0.63  
**Result:** Decrease

**RUC Recommendation:** 1.20    **Referred to CPT** February 2016    **Referred to CPT Asst** ☐    **Published in CPT Asst:**

**38221**    Diagnostic bone marrow; biopsy(ies)    **Global:** XXX    **Issue:** Diagnostic Bone Marrow Aspiration and Biopsy    **Screen:** CMS High Expenditure Procedural Codes2    **Complete?** Yes

**Most Recent RUC Meeting:** April 2016    **Tab** 06    **Specialty Developing Recommendation:** ASCO, ASH, CAP, ASBMT    **First Identified:** July 2015    **2019 est Medicare Utilization:** 12,465    **2007 Work RVU:** 1.37    **2020 Work RVU:** 1.28  
**2007 NF PE RVU:** 3.64    **2020 NF PE RVU:** 3.10  
**2007 Fac PE RVU:** 0.63    **2020 Fac PE RVU:** 0.63  
**Result:** Decrease

**RUC Recommendation:** 1.28    **Referred to CPT** February 2016    **Referred to CPT Asst** ☐    **Published in CPT Asst:**

**38222**    Diagnostic bone marrow; biopsy(ies) and aspiration(s)    **Global:** XXX    **Issue:** Diagnostic Bone Marrow Aspiration and Biopsy    **Screen:** CMS High Expenditure Procedural Codes2    **Complete?** Yes

**Most Recent RUC Meeting:** April 2016    **Tab** 06    **Specialty Developing Recommendation:** ASCO, ASH, CAP, ASBMT    **First Identified:** February 2016    **2019 est Medicare Utilization:** 120,998    **2007 Work RVU:**    **2020 Work RVU:** 1.44  
**2007 NF PE RVU:**    **2020 NF PE RVU:** 3.39  
**2007 Fac PE RVU:**    **2020 Fac PE RVU:** 0.69  
**Result:** Decrease

**RUC Recommendation:** 1.44    **Referred to CPT** February 2016    **Referred to CPT Asst** ☐    **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**38505** Biopsy or excision of lymph node(s); by needle, superficial (eg, cervical, inguinal, axillary) **Global:** 000 **Issue:** RAW **Screen:** Harvard Valued - Utilization over 30,000-Part4 **Complete?** No

**Most Recent RUC Meeting:** January 2020 **Tab** 37 **Specialty Developing Recommendation:** **First Identified:** October 2019 **2019 est Medicare Utilization:** 33,584 **2007 Work RVU:** 1.14 **2020 Work RVU:** 1.14 **2007 NF PE RVU:** 2.04 **2020 NF PE RVU:** 2.30 **2007 Fac PE RVU:** 0.75 **2020 Fac PE RVU:** 0.77 **Result:**

**RUC Recommendation:** Survey for Oct 2020 - specialty should identify/survey code family if applicable **Referred to CPT**

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

**38542** Dissection, deep jugular node(s) **Global:** 090 **Issue:** Jugular Node Dissection **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent RUC Meeting:** April 2008 **Tab** 40 **Specialty Developing Recommendation:** ACS, AAO-HNS **First Identified:** September 2007 **2019 est Medicare Utilization:** 571 **2007 Work RVU:** 6.08 **2020 Work RVU:** 7.95 **2007 NF PE RVU:** NA **2020 NF PE RVU:** NA **2007 Fac PE RVU:** 4.3 **2020 Fac PE RVU:** 5.64 **Result:** Increase

**RUC Recommendation:** 7.85 **Referred to CPT**

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

**38570** Laparoscopy, surgical; with retroperitoneal lymph node sampling (biopsy), single or multiple **Global:** 010 **Issue:** Laparoscopy Lymphadenectomy **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

**Most Recent RUC Meeting:** September 2014 **Tab** 12 **Specialty Developing Recommendation:** AUA **First Identified:** January 2014 **2019 est Medicare Utilization:** 5,714 **2007 Work RVU:** 9.28 **2020 Work RVU:** 8.49 **2007 NF PE RVU:** NA **2020 NF PE RVU:** NA **2007 Fac PE RVU:** 3.98 **2020 Fac PE RVU:** 4.88 **Result:** Maintain

**RUC Recommendation:** 9.34 **Referred to CPT**

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

# Status Report: CMS Requests and Relativity Assessment Issues

<b>38571</b>	<b>Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy</b>	<b>Global:</b> 010	<b>Issue:</b> Laparoscopy Lymphadenectomy	<b>Screen:</b> CMS Fastest Growing / 010-Day Global Post- Operative Visits	<b>Complete?</b> Yes
<b>Most Recent</b> <b>RUC Meeting:</b> September 2014	<b>Tab</b> 12 <b>Specialty Developing</b> AUA <b>Recommendation:</b>	<b>First</b> <b>Identified:</b> October 2008	<b>2019 est</b> <b>Medicare</b> <b>Utilization:</b> 17,981	<b>2007 Work RVU:</b> 14.70 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU</b> 5.97 <b>Result:</b> Decrease	<b>2020 Work RVU:</b> 12.00 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 5.71
<b>RUC Recommendation:</b> 12.00		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>38572</b>	<b>Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling (biopsy), single or multiple</b>	<b>Global:</b> 010	<b>Issue:</b> Laparoscopy Lymphadenectomy	<b>Screen:</b> 010-Day Global Post- Operative Visits	<b>Complete?</b> Yes
<b>Most Recent</b> <b>RUC Meeting:</b> September 2014	<b>Tab</b> 12 <b>Specialty Developing</b> ACOG <b>Recommendation:</b>	<b>First</b> <b>Identified:</b> January 2014	<b>2019 est</b> <b>Medicare</b> <b>Utilization:</b> 2,251	<b>2007 Work RVU:</b> 16.86 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU</b> 6.86 <b>Result:</b> Decrease	<b>2020 Work RVU:</b> 15.60 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 8.36
<b>RUC Recommendation:</b> 15.60		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>38792</b>	<b>Injection procedure; radioactive tracer for identification of sentinel node</b>	<b>Global:</b> 000	<b>Issue:</b> Radioactive Tracer	<b>Screen:</b> Negative IWPUT	<b>Complete?</b> Yes
<b>Most Recent</b> <b>RUC Meeting:</b> January 2018	<b>Tab</b> 23 <b>Specialty Developing</b> <b>Recommendation:</b>	<b>First</b> <b>Identified:</b> April 2017	<b>2019 est</b> <b>Medicare</b> <b>Utilization:</b> 33,143	<b>2007 Work RVU:</b> 0.52 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU</b> 0.45 <b>Result:</b> Increase	<b>2020 Work RVU:</b> 0.65 <b>2020 NF PE RVU:</b> 1.63 <b>2020 Fac PE RVU:</b> 0.23
<b>RUC Recommendation:</b> 0.65		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>39400</b>	<b>Mediastinoscopy, includes biopsy(ies), when performed</b>	<b>Global:</b>	<b>Issue:</b> Mediastinoscopy with Biopsy	<b>Screen:</b> Pre-Time Analysis	<b>Complete?</b> Yes
<b>Most Recent</b> <b>RUC Meeting:</b> January 2015	<b>Tab</b> 08 <b>Specialty Developing</b> STS <b>Recommendation:</b>	<b>First</b> <b>Identified:</b> January 2014	<b>2019 est</b> <b>Medicare</b> <b>Utilization:</b>	<b>2007 Work RVU:</b> 8.00 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU</b> 4.68 <b>Result:</b> Deleted from CPT	<b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> October 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

# Status Report: CMS Requests and Relativity Assessment Issues

**39401 Mediastinoscopy; includes biopsy(ies) of mediastinal mass (eg, lymphoma), when performed** **Global:** 000 **Issue:** Mediastinoscopy with Biopsy **Screen:** Pre-Time Analysis **Complete?** Yes

**Most Recent** **Tab** 08 **Specialty Developing** STS  
**RUC Meeting:** January 2015 **Recommendation:**

**First Identified:** October 2014 **2019 est Medicare Utilization:** 535

**2007 Work RVU:** **2020 Work RVU:** 5.44  
**2007 NF PE RVU:** **2020 NF PE RVU:** NA  
**2007 Fac PE RVU** **2020 Fac PE RVU:**2.24  
**Result:** Decrease

**RUC Recommendation:** 5.44

**Referred to CPT** October 2014  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**39402 Mediastinoscopy; with lymph node biopsy(ies) (eg, lung cancer staging)** **Global:** 000 **Issue:** Mediastinoscopy with Biopsy **Screen:** Pre-Time Analysis **Complete?** Yes

**Most Recent** **Tab** 08 **Specialty Developing** STS  
**RUC Meeting:** January 2015 **Recommendation:**

**First Identified:** October 2014 **2019 est Medicare Utilization:** 4,086

**2007 Work RVU:** **2020 Work RVU:** 7.25  
**2007 NF PE RVU:** **2020 NF PE RVU:** NA  
**2007 Fac PE RVU** **2020 Fac PE RVU:**2.78  
**Result:** Increase

**RUC Recommendation:** 7.50

**Referred to CPT** October 2014  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

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

**Most Recent** **Tab** 21 **Specialty Developing** AAO-HNS, AAD  
**RUC Meeting:** September 2011 **Recommendation:**

**First Identified:** April 2011 **2019 est Medicare Utilization:** 32,762

**2007 Work RVU:** 1.22 **2020 Work RVU:** 1.22  
**2007 NF PE RVU:** 1.75 **2020 NF PE RVU:** 2.22  
**2007 Fac PE RVU** 0.61 **2020 Fac PE RVU:**0.70  
**Result:** Maintain

**RUC Recommendation:** 1.22

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

**40650 Repair lip, full thickness; vermilion only** **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

**Most Recent** **Tab** 46 **Specialty Developing** AAOS, ACEP, and orthopaedic subspecialties  
**RUC Meeting:** April 2016 **Recommendation:**

**First Identified:** October 2015 **2019 est Medicare Utilization:** 355

**2007 Work RVU:** 3.69 **2020 Work RVU:** 3.78  
**2007 NF PE RVU:** 6.58 **2020 NF PE RVU:** 8.81  
**2007 Fac PE RVU** 3.26 **2020 Fac PE RVU:**4.33

**RUC Recommendation:** PE Clinical staff pre-time revised

**Referred to CPT**  
**Referred to CPT Asst** ☒ **Published in CPT Asst:** Nov 2016 **Result:** PE Only



# Status Report: CMS Requests and Relativity Assessment Issues

**40800 Drainage of abscess, cyst, hematoma, vestibule of mouth; simple**      **Global:** 010    **Issue:** RAW      **Screen:** 010-Day Global Post-Operative Visits      **Complete?** Yes

**Most Recent RUC Meeting:** April 2014      **Tab** 52    **Specialty Developing Recommendation:**      **First Identified:** January 2014      **2019 est Medicare Utilization:** 2,390      **2007 Work RVU:** 1.19      **2020 Work RVU:** 1.23  
**2007 NF PE RVU:** 3.18      **2020 NF PE RVU:** 4.61  
**2007 Fac PE RVU:** 1.8      **2020 Fac PE RVU:** 2.21  
**Result:** Maintain

**RUC Recommendation:** Maintain      **Referred to CPT**  
**Referred to CPT Asst** ☐    **Published in CPT Asst:**

**40801 Drainage of abscess, cyst, hematoma, vestibule of mouth; complicated**      **Global:** 010    **Issue:** Ostectomy      **Screen:** Site of Service Anomaly (99238-Only) / 010-Day Global Post-Operative Visits2      **Complete?** Yes

**Most Recent RUC Meeting:** January 2020      **Tab** 37    **Specialty Developing Recommendation:** APMA, AAOS      **First Identified:** September 2007      **2019 est Medicare Utilization:** 1,609      **2007 Work RVU:** 2.57      **2020 Work RVU:** 2.63  
**2007 NF PE RVU:** 4.23      **2020 NF PE RVU:** 5.70  
**2007 Fac PE RVU:** 2.7      **2020 Fac PE RVU:** 3.07  
**Result:** PE Only

**RUC Recommendation:** Maintain. Reduced 99238 to 0.5      **Referred to CPT**  
**Referred to CPT Asst** ☐    **Published in CPT Asst:**

**40808 Biopsy, vestibule of mouth**      **Global:** 010    **Issue:** Biopsy of Mouth Lesion      **Screen:** Negative IWPUT      **Complete?** Yes

**Most Recent RUC Meeting:** April 2018      **Tab** 13    **Specialty Developing Recommendation:** AAOHNS, AAOMS      **First Identified:** April 2017      **2019 est Medicare Utilization:** 10,517      **2007 Work RVU:** 0.98      **2020 Work RVU:** 1.05  
**2007 NF PE RVU:** 2.87      **2020 NF PE RVU:** 3.38  
**2007 Fac PE RVU:** 1.51      **2020 Fac PE RVU:** 1.31  
**Result:** Increase

**RUC Recommendation:** 1.05      **Referred to CPT**  
**Referred to CPT Asst** ☐    **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**40812** Excision of lesion of mucosa and submucosa, vestibule of mouth; with simple repair **Global:** 010 **Issue:** RAW **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab** 52

**Specialty Developing Recommendation:**

**First Identified:** January 2014

**2019 est Medicare Utilization:** 5,703

**2007 Work RVU:** 2.33

**2020 Work RVU:** 2.37

**2007 NF PE RVU:** 3.92

**2020 NF PE RVU:** 5.56

**2007 Fac PE RVU:** 2.37

**2020 Fac PE RVU:** 2.82

**Result:** Maintain

**RUC Recommendation:** Maintain

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**40820** Destruction of lesion or scar of vestibule of mouth by physical methods (eg, laser, thermal, cryo, chemical)

**Global:** 010

**Issue:** RAW

**Screen:** 010-Day Global Post-Operative Visits

**Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab** 52

**Specialty Developing Recommendation:**

**First Identified:** January 2014

**2019 est Medicare Utilization:** 1,264

**2007 Work RVU:** 1.30

**2020 Work RVU:** 1.34

**2007 NF PE RVU:** 4.23

**2020 NF PE RVU:** 5.95

**2007 Fac PE RVU:** 2.54

**2020 Fac PE RVU:** 3.31

**Result:** Maintain

**RUC Recommendation:** Maintain

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**41530** Submucosal ablation of the tongue base, radiofrequency, 1 or more sites, per session

**Global:** 000

**Issue:** Submucosal ablation of tongue base

**Screen:** Final Rule for 2015

**Complete?** Yes

**Most Recent RUC Meeting:** April 2015

**Tab** 26

**Specialty Developing Recommendation:** AAO-HNS

**First Identified:** July 2014

**2019 est Medicare Utilization:** 350

**2007 Work RVU:**

**2020 Work RVU:** 3.50

**2007 NF PE RVU:**

**2020 NF PE RVU:** 23.14

**2007 Fac PE RVU**

**2020 Fac PE RVU:** 6.69

**Result:** Decrease

**RUC Recommendation:** 3.50

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**42145** Palatopharyngoplasty (eg, uvulopalatopharyngoplasty, uvulopharyngoplasty)

**Global:** 090

**Issue:** Palatopharyngoplasty

**Screen:** Site of Service Anomaly

**Complete?** Yes

**Most Recent RUC Meeting:** April 2008

**Tab** 41

**Specialty Developing Recommendation:** AAO-HNS

**First Identified:** September 2007

**2019 est Medicare Utilization:** 518

**2007 Work RVU:** 9.63

**2020 Work RVU:** 9.78

**2007 NF PE RVU:** NA

**2020 NF PE RVU:** NA

**2007 Fac PE RVU:** 7.33

**2020 Fac PE RVU:** 8.70

**Result:** Maintain

**RUC Recommendation:** 9.63

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

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

**Most Recent RUC Meeting:** February 2011 **Tab** 27 **Specialty Developing Recommendation:** ACS, AAO-HNS **First Identified:** September 2007 **2019 est Medicare Utilization:** 5,439

**RUC Recommendation:** 18.12 **Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**2007 Work RVU:** 17.99 **2020 Work RVU:** 17.16  
**2007 NF PE RVU:** NA **2020 NF PE RVU:** NA  
**2007 Fac PE RVU** 10.11 **2020 Fac PE RVU:**10.69  
**Result:** Maintain

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

**Most Recent RUC Meeting:** February 2011 **Tab** 27 **Specialty Developing Recommendation:** ACS, AAO-HNS **First Identified:** September 2007 **2019 est Medicare Utilization:** 1,561

**RUC Recommendation:** 21.00 **Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**2007 Work RVU:** 20.87 **2020 Work RVU:** 19.53  
**2007 NF PE RVU:** NA **2020 NF PE RVU:** NA  
**2007 Fac PE RVU** 11.46 **2020 Fac PE RVU:**11.72  
**Result:** Maintain

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

**Most Recent RUC Meeting:** October 2010 **Tab** 64 **Specialty Developing Recommendation:** AAO-HNS, ACS **First Identified:** September 2007 **2019 est Medicare Utilization:** 1,780

**RUC Recommendation:** 7.13 **Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**2007 Work RVU:** 7.05 **2020 Work RVU:** 6.14  
**2007 NF PE RVU:** NA **2020 NF PE RVU:** NA  
**2007 Fac PE RVU** 4.48 **2020 Fac PE RVU:**4.81  
**Result:** Maintain

**43191** Esophagoscopy, rigid, transoral; diagnostic, including collection of specimen(s) by brushing or washing when performed (separate procedure) **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

**Most Recent RUC Meeting:** October 2012 **Tab** 10 **Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES **First Identified:** September 2011 **2019 est Medicare Utilization:** 2,988

**RUC Recommendation:** 2.78 **Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**2007 Work RVU:** **2020 Work RVU:** 2.49  
**2007 NF PE RVU:** **2020 NF PE RVU:** NA  
**2007 Fac PE RVU** **2020 Fac PE RVU:**1.59  
**Result:** Increase

# Status Report: CMS Requests and Relativity Assessment Issues

**43192** Esophagoscopy, rigid, transoral; with directed submucosal injection(s), any substance      **Global:** 000      **Issue:** Esophagoscopy      **Screen:** MPC List      **Complete?** Yes

<b>Most Recent RUC Meeting:</b> October 2012	<b>Tab</b> 10	<b>Specialty Developing Recommendation:</b> AAO-HNS, ASGE, SAGES	<b>First Identified:</b> September 2011	<b>2019 est Medicare Utilization:</b> 211	<b>2007 Work RVU:</b>	<b>2020 Work RVU:</b> 2.79
					<b>2007 NF PE RVU:</b>	<b>2020 NF PE RVU:</b> NA
					<b>2007 Fac PE RVU Result:</b> Increase	<b>2020 Fac PE RVU:</b> 1.68
<b>RUC Recommendation:</b> 3.21			<b>Referred to CPT</b>			
			<b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>	

**43193** Esophagoscopy, rigid, transoral; with biopsy, single or multiple      **Global:** 000      **Issue:** Esophagoscopy      **Screen:** MPC List      **Complete?** Yes

<b>Most Recent RUC Meeting:</b> October 2012	<b>Tab</b> 10	<b>Specialty Developing Recommendation:</b> AAO-HNS, ASGE, SAGES	<b>First Identified:</b> September 2011	<b>2019 est Medicare Utilization:</b> 210	<b>2007 Work RVU:</b>	<b>2020 Work RVU:</b> 2.79
					<b>2007 NF PE RVU:</b>	<b>2020 NF PE RVU:</b> NA
					<b>2007 Fac PE RVU Result:</b> Increase	<b>2020 Fac PE RVU:</b> 1.67
<b>RUC Recommendation:</b> 3.36			<b>Referred to CPT</b>			
			<b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>	

**43194** Esophagoscopy, rigid, transoral; with removal of foreign body(s)      **Global:** 000      **Issue:** Esophagoscopy      **Screen:** MPC List      **Complete?** Yes

<b>Most Recent RUC Meeting:</b> October 2012	<b>Tab</b> 10	<b>Specialty Developing Recommendation:</b> AAO-HNS, ASGE, SAGES	<b>First Identified:</b> September 2011	<b>2019 est Medicare Utilization:</b> 115	<b>2007 Work RVU:</b>	<b>2020 Work RVU:</b> 3.51
					<b>2007 NF PE RVU:</b>	<b>2020 NF PE RVU:</b> NA
					<b>2007 Fac PE RVU Result:</b> Increase	<b>2020 Fac PE RVU:</b> 1.50
<b>RUC Recommendation:</b> 3.99			<b>Referred to CPT</b>			
			<b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>	

**43195** Esophagoscopy, rigid, transoral; with balloon dilation (less than 30 mm diameter)      **Global:** 000      **Issue:** Esophagoscopy      **Screen:** MPC List      **Complete?** Yes

<b>Most Recent RUC Meeting:</b> October 2012	<b>Tab</b> 10	<b>Specialty Developing Recommendation:</b> AAO-HNS, ASGE, SAGES	<b>First Identified:</b> September 2011	<b>2019 est Medicare Utilization:</b> 569	<b>2007 Work RVU:</b>	<b>2020 Work RVU:</b> 3.07
					<b>2007 NF PE RVU:</b>	<b>2020 NF PE RVU:</b> NA
					<b>2007 Fac PE RVU Result:</b> Increase	<b>2020 Fac PE RVU:</b> 1.78
<b>RUC Recommendation:</b> 3.21			<b>Referred to CPT</b>			
			<b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>	

# Status Report: CMS Requests and Relativity Assessment Issues

<b>43196</b>	<b>Esophagoscopy, rigid, transoral; with insertion of guide wire followed by dilation over guide wire</b>	<b>Global:</b> 000	<b>Issue:</b> Esophagoscopy	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2012	<b>Tab</b> 10	<b>Specialty Developing Recommendation:</b> AAO-HNS, ASGE, SAGES	<b>First Identified:</b> September 2011	<b>2019 est Medicare Utilization:</b> 486	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Increase <b>2020 Work RVU:</b> 3.31 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 1.88
<b>RUC Recommendation:</b> 3.36			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
<hr/>					
<b>43197</b>	<b>Esophagoscopy, flexible, transnasal; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)</b>	<b>Global:</b> 000	<b>Issue:</b> Esophagoscopy	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2012	<b>Tab</b> 10	<b>Specialty Developing Recommendation:</b> AAO-HNS, ASGE, SAGES, AGA	<b>First Identified:</b> September 2011	<b>2019 est Medicare Utilization:</b> 1,136	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Maintain <b>2020 Work RVU:</b> 1.52 <b>2020 NF PE RVU:</b> 3.75 <b>2020 Fac PE RVU:</b> 0.63
<b>RUC Recommendation:</b> 1.59			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
<hr/>					
<b>43198</b>	<b>Esophagoscopy, flexible, transnasal; with biopsy, single or multiple</b>	<b>Global:</b> 000	<b>Issue:</b> Esophagoscopy	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2012	<b>Tab</b> 10	<b>Specialty Developing Recommendation:</b> AAO-HNS, ASGE, SAGES, AGA	<b>First Identified:</b> September 2011	<b>2019 est Medicare Utilization:</b> 255	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Maintain <b>2020 Work RVU:</b> 1.82 <b>2020 NF PE RVU:</b> 4.00 <b>2020 Fac PE RVU:</b> 0.78
<b>RUC Recommendation:</b> 1.89			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
<hr/>					
<b>43200</b>	<b>Esophagoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)</b>	<b>Global:</b> 000	<b>Issue:</b> Esophagoscopy	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2012	<b>Tab</b> 10	<b>Specialty Developing Recommendation:</b> AAO-HNS, AGA, ASGE, SAGES	<b>First Identified:</b> September 2011	<b>2019 est Medicare Utilization:</b> 5,390	<b>2007 Work RVU:</b> 1.59 <b>2007 NF PE RVU:</b> 3.98 <b>2007 Fac PE RVU Result:</b> Maintain <b>2020 Work RVU:</b> 1.42 <b>2020 NF PE RVU:</b> 5.26 <b>2020 Fac PE RVU:</b> 0.89
<b>RUC Recommendation:</b> 1.59			<b>Referred to CPT</b> May 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	

# Status Report: CMS Requests and Relativity Assessment Issues

**43201** Esophagoscopy, flexible, transoral; with directed submucosal injection(s), any substance **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

**Most Recent RUC Meeting:** October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2019 est Medicare Utilization:** 220 **2007 Work RVU:** 2.09 **2020 Work RVU:** 1.72 **2007 NF PE RVU:** 4.86 **2020 NF PE RVU:** 4.93 **2007 Fac PE RVU:** 1.12 **2020 Fac PE RVU:** 1.02 **RUC Recommendation:** 1.90 **Referred to CPT** May 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

**43202** Esophagoscopy, flexible, transoral; with biopsy, single or multiple **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

**Most Recent RUC Meeting:** October 2012 **Tab** 10 **Specialty Developing Recommendation:** AAO-HNS, AGA, ASGE, SAGES **First Identified:** September 2011 **2019 est Medicare Utilization:** 2,578 **2007 Work RVU:** 1.89 **2020 Work RVU:** 1.72 **2007 NF PE RVU:** 5.44 **2020 NF PE RVU:** 7.69 **2007 Fac PE RVU:** 0.95 **2020 Fac PE RVU:** 1.02 **RUC Recommendation:** 1.89 **Referred to CPT** May 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

**43204** Esophagoscopy, flexible, transoral; with injection sclerosis of esophageal varices **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

**Most Recent RUC Meeting:** October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2019 est Medicare Utilization:** 13 **2007 Work RVU:** 3.76 **2020 Work RVU:** 2.33 **2007 NF PE RVU:** NA **2020 NF PE RVU:** NA **2007 Fac PE RVU:** 1.63 **2020 Fac PE RVU:** 1.31 **RUC Recommendation:** 2.89 **Referred to CPT** May 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

**43205** Esophagoscopy, flexible, transoral; with band ligation of esophageal varices **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

**Most Recent RUC Meeting:** October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2019 est Medicare Utilization:** 159 **2007 Work RVU:** 3.78 **2020 Work RVU:** 2.44 **2007 NF PE RVU:** NA **2020 NF PE RVU:** NA **2007 Fac PE RVU:** 1.66 **2020 Fac PE RVU:** 1.36 **RUC Recommendation:** 3.00 **Referred to CPT** May 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

# Status Report: CMS Requests and Relativity Assessment Issues

**43206** Esophagoscopy, flexible, transoral; with optical endomicroscopy **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

**Most Recent** **Tab** 10 **Specialty Developing** AGA, ASGE, **First** **2019 est**  
**RUC Meeting:** October 2012 **Recommendation:** SAGES **Identified:** September 2011 **Medicare**  
**Utilization:** 21

**RUC Recommendation:** 2.39 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**2007 Work RVU:** **2020 Work RVU:** 2.29  
**2007 NF PE RVU:** **2020 NF PE RVU:** 5.60  
**2007 Fac PE RVU** **2020 Fac PE RVU:** 1.29  
**Result:** Decrease

**43211** Esophagoscopy, flexible, transoral; with endoscopic mucosal resection **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

**Most Recent** **Tab** 10 **Specialty Developing** AGA, ASGE, **First** **2019 est**  
**RUC Meeting:** October 2012 **Recommendation:** SAGES **Identified:** September 2011 **Medicare**  
**Utilization:** 99

**RUC Recommendation:** 4.58 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**2007 Work RVU:** **2020 Work RVU:** 4.20  
**2007 NF PE RVU:** **2020 NF PE RVU:** NA  
**2007 Fac PE RVU** **2020 Fac PE RVU:** 2.13  
**Result:** Decrease

**43212** Esophagoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed) **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

**Most Recent** **Tab** 10 **Specialty Developing** AGA, ASGE, **First** **2019 est**  
**RUC Meeting:** October 2012 **Recommendation:** SAGES **Identified:** September 2011 **Medicare**  
**Utilization:** 585

**RUC Recommendation:** 3.73 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**2007 Work RVU:** **2020 Work RVU:** 3.40  
**2007 NF PE RVU:** **2020 NF PE RVU:** NA  
**2007 Fac PE RVU** **2020 Fac PE RVU:** 1.52  
**Result:** Decrease

**43213** Esophagoscopy, flexible, transoral; with dilation of esophagus, by balloon or dilator, retrograde (includes fluoroscopic guidance, when performed) **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

**Most Recent** **Tab** 10 **Specialty Developing** AGA, ASGE, **First** **2019 est**  
**RUC Meeting:** October 2012 **Recommendation:** SAGES **Identified:** September 2011 **Medicare**  
**Utilization:** 187

**RUC Recommendation:** 5.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**2007 Work RVU:** **2020 Work RVU:** 4.63  
**2007 NF PE RVU:** **2020 NF PE RVU:** 29.72  
**2007 Fac PE RVU** **2020 Fac PE RVU:** 2.21  
**Result:** Decrease



# Status Report: CMS Requests and Relativity Assessment Issues

<b>43214</b>	<b>Esophagoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)</b>	<b>Global:</b> 000	<b>Issue:</b> Esophagoscopy	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2012	<b>Tab</b> 10	<b>Specialty Developing Recommendation:</b> AGA, ASGE, SAGES	<b>First Identified:</b> September 2011	<b>2019 est Medicare Utilization:</b> 215	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease <b>2020 Work RVU:</b> 3.40 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 1.75
<b>RUC Recommendation:</b> 3.78			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
<hr/>					
<b>43215</b>	<b>Esophagoscopy, flexible, transoral; with removal of foreign body(s)</b>	<b>Global:</b> 000	<b>Issue:</b> Esophagoscopy	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2012	<b>Tab</b> 10	<b>Specialty Developing Recommendation:</b> AAO-HNS, AGA, ASGE, SAGES	<b>First Identified:</b> September 2011	<b>2019 est Medicare Utilization:</b> 989	<b>2007 Work RVU:</b> 2.60 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU Result:</b> Maintain <b>2020 Work RVU:</b> 2.44 <b>2020 NF PE RVU:</b> 8.16 <b>2020 Fac PE RVU:</b> 1.29
<b>RUC Recommendation:</b> 2.60			<b>Referred to CPT</b> May 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
<hr/>					
<b>43216</b>	<b>Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps</b>	<b>Global:</b> 000	<b>Issue:</b> Esophagoscopy	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2012	<b>Tab</b> 10	<b>Specialty Developing Recommendation:</b> AGA, ASGE, SAGES	<b>First Identified:</b> September 2011	<b>2019 est Medicare Utilization:</b> 195	<b>2007 Work RVU:</b> 2.40 <b>2007 NF PE RVU:</b> 1.55 <b>2007 Fac PE RVU Result:</b> Maintain <b>2020 Work RVU:</b> 2.30 <b>2020 NF PE RVU:</b> 8.62 <b>2020 Fac PE RVU:</b> 1.29
<b>RUC Recommendation:</b> 2.40			<b>Referred to CPT</b> May 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
<hr/>					
<b>43217</b>	<b>Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique</b>	<b>Global:</b> 000	<b>Issue:</b> Esophagoscopy	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2012	<b>Tab</b> 10	<b>Specialty Developing Recommendation:</b> AGA, ASGE, SAGES	<b>First Identified:</b> September 2011	<b>2019 est Medicare Utilization:</b> 53	<b>2007 Work RVU:</b> 2.90 <b>2007 NF PE RVU:</b> 6.85 <b>2007 Fac PE RVU Result:</b> Maintain <b>2020 Work RVU:</b> 2.80 <b>2020 NF PE RVU:</b> 8.33 <b>2020 Fac PE RVU:</b> 1.52
<b>RUC Recommendation:</b> 2.90			<b>Referred to CPT</b> May 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	



## *Status Report: CMS Requests and Relativity Assessment Issues*

<b>43219</b>	Esophagoscopy, rigid or flexible; with insertion of plastic tube or stent	<b>Global:</b>	<b>Issue:</b> Esophagoscopy	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2012	<b>Tab</b> 10	<b>Specialty Developing Recommendation:</b> AGA, ASGE, SAGES	<b>First Identified:</b> September 2011	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> 2.80 <b>2020 Work RVU:</b> <b>2007 NF PE RVU:</b> NA <b>2020 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> 1.4 <b>2020 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> May 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Deleted from CPT

43220	Esophagoscopy, flexible, transoral; with transendoscopic balloon dilation (less than 30 mm diameter)	Global: 000	Issue: Esophagoscopy	Screen: MPC List	Complete? Yes
Most Recent RUC Meeting: October 2012	Tab 10	Specialty Developing Recommendation: AGA, ASGE, SAGES	First Identified: September 2011	2019 est Medicare Utilization: 2,069	2007 Work RVU: 2.10 2020 Work RVU: 2.00 2007 NF PE RVU: NA 2020 NF PE RVU: 26.53 2007 Fac PE RVU 1.01 2020 Fac PE RVU:1.14
RUC Recommendation: 2.10			Referred to CPT May 2012	Result: Maintain	
			Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	

<b>432226</b>	Esophagoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) over guide wire			<b>Global:</b> 000	<b>Issue:</b> Esophagoscopy	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2012	<b>Tab</b> 10	<b>Specialty Developing Recommendation:</b>	AAO-HNS, AGA, ASGE, SAGES	<b>First Identified:</b> September 2011	<b>2019 est Medicare Utilization:</b> 1,841	<b>2007 Work RVU:</b> 2.34 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 1.1	<b>2020 Work RVU:</b> 2.24 <b>2020 NF PE RVU:</b> 7.63 <b>2020 Fac PE RVU:</b> 1.19
<b>RUC Recommendation:</b> 2.34				<b>Referred to CPT</b> May 2012	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Maintain

<b>43227</b>	Esophagoscopy, flexible, transoral; with control of bleeding, any method	<b>Global:</b> 000	<b>Issue:</b> Esophagoscopy	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2012	<b>Tab</b> 10	<b>Specialty Developing Recommendation:</b> AGA, ASGE, SAGES	<b>First Identified:</b> September 2011	<b>2019 est Medicare Utilization:</b> 191	<b>2007 Work RVU:</b> 3.59 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 1.55 <b>2020 Work RVU:</b> 2.89 <b>2020 NF PE RVU:</b> 14.48 <b>2020 Fac PE RVU:</b> 1.54
<b>RUC Recommendation:</b> 3.26			<b>Referred to CPT</b> May 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Result:</b> Decrease	
			<b>Published in CPT Asst:</b>		

## Status Report: CMS Requests and Relativity Assessment Issues

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

**Most Recent RUC Meeting:** October 2012

**Tab** 10

**Specialty Developing Recommendation:**

AGA, ASGE, SAGES

**First Identified:** September 2011

**2019 est Medicare Utilization:**

**2007 Work RVU:** 3.76

**2007 NF PE RVU:** NA

**2007 Fac PE RVU** 1.63

**Result:** Deleted from CPT

**2020 Work RVU:**

**2020 NF PE RVU:**

**2020 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** May 2012

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**43229** Esophagoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed) **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

**Most Recent RUC Meeting:** October 2012

**Tab** 10

**Specialty Developing Recommendation:**

AGA, ASGE, SAGES

**First Identified:** September 2011

**2019 est Medicare Utilization:** 2,331

**2007 Work RVU:**

**2007 NF PE RVU:**

**2007 Fac PE RVU**

**Result:** Decrease

**2020 Work RVU:** 3.49

**2020 NF PE RVU:** 15.91

**2020 Fac PE RVU:** 1.79

**RUC Recommendation:** 3.72

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**43231** Esophagoscopy, flexible, transoral; with endoscopic ultrasound examination **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

**Most Recent RUC Meeting:** April 2013

**Tab** 10

**Specialty Developing Recommendation:**

AGA, ASGE, SAGES

**First Identified:** September 2011

**2019 est Medicare Utilization:** 502

**2007 Work RVU:** 3.19

**2007 NF PE RVU:** NA

**2007 Fac PE RVU** 1.42

**Result:** Maintain

**2020 Work RVU:** 2.80

**2020 NF PE RVU:** NA

**2020 Fac PE RVU:** 1.51

**RUC Recommendation:** 3.19

**Referred to CPT** May 2012

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**43232** Esophagoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s) **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

**Most Recent RUC Meeting:** April 2013

**Tab** 10

**Specialty Developing Recommendation:**

AGA, ASGE, SAGES

**First Identified:** September 2011

**2019 est Medicare Utilization:** 435

**2007 Work RVU:** 4.47

**2007 NF PE RVU:** NA

**2007 Fac PE RVU** 1.96

**Result:** Decrease

**2020 Work RVU:** 3.59

**2020 NF PE RVU:** NA

**2020 Fac PE RVU:** 1.81

**RUC Recommendation:** 3.83

**Referred to CPT** May 2012

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**43233** Esophagogastroduodenoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed) **Global:** 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

**Most Recent RUC Meeting:** January 2013

**Tab** 08

**Specialty Developing Recommendation:**

AGA, ASGE, SAGES

**First Identified:** October 2012

**2019 est Medicare Utilization:** 1,577

**2007 Work RVU:**  
**2007 NF PE RVU:**  
**2007 Fac PE RVU Result:** Decrease

**2020 Work RVU:** 4.07  
**2020 NF PE RVU:** NA  
**2020 Fac PE RVU:** 1.98

**RUC Recommendation:** 4.45

**Referred to CPT** October 2012

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

**43234** Upper gastrointestinal endoscopy, simple primary examination (eg, with small diameter flexible endoscope) (separate procedure) **Global:** **Issue:** Esophagoscopy

**Screen:** MPC List

**Complete?** Yes

**Most Recent RUC Meeting:** April 2013

**Tab** 10

**Specialty Developing Recommendation:**

AGA, ASGE, SAGES

**First Identified:** September 2011

**2019 est Medicare Utilization:**

**2007 Work RVU:** 2.01  
**2007 NF PE RVU:** 5.23  
**2007 Fac PE RVU** 0.91  
**Result:** Deleted from CPT

**2020 Work RVU:**  
**2020 NF PE RVU:**  
**2020 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2012

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

**43235** Esophagogastroduodenoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure) **Global:** 000 **Issue:** EGD

**Screen:** MPC List / CMS High Expenditure Procedural Codes1

**Complete?** Yes

**Most Recent RUC Meeting:** January 2013

**Tab** 08

**Specialty Developing Recommendation:**

AGA, ASGE, SAGES

**First Identified:** October 2010

**2019 est Medicare Utilization:** 323,621

**2007 Work RVU:** 2.39  
**2007 NF PE RVU:** 5.19  
**2007 Fac PE RVU** 1.11  
**Result:** Decrease

**2020 Work RVU:** 2.09  
**2020 NF PE RVU:** 5.63  
**2020 Fac PE RVU:** 1.19

**RUC Recommendation:** 2.26

**Referred to CPT** October 2012

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

# Status Report: CMS Requests and Relativity Assessment Issues

<b>43236</b>	Esophagogastroduodenoscopy, flexible, transoral; with directed submucosal injection(s), any substance	<b>Global:</b> 000	<b>Issue:</b> EGD	<b>Screen:</b> CMS Fastest Growing / MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2013	<b>Tab</b> 08	<b>Specialty Developing Recommendation:</b> AGA, ASGE, SAGES	<b>First Identified:</b> October 2008	<b>2019 est Medicare Utilization:</b> 16,281	<b>2007 Work RVU:</b> 2.92 <b>2007 NF PE RVU:</b> 6.47 <b>2007 Fac PE RVU:</b> 1.33 <b>2020 Work RVU:</b> 2.39 <b>2020 NF PE RVU:</b> 7.99 <b>2020 Fac PE RVU:</b> 1.33
<b>RUC Recommendation:</b> 2.57			<b>Referred to CPT:</b> October 2012	<b>Result:</b> Decrease	
			<b>Referred to CPT Asst:</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Apr 2009 and Jun 2010	
<b>43237</b>	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic ultrasound examination limited to the esophagus, stomach or duodenum, and adjacent structures	<b>Global:</b> 000	<b>Issue:</b> EGD	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab</b> 11	<b>Specialty Developing Recommendation:</b> AGA, ASGE, SAGES	<b>First Identified:</b> September 2011	<b>2019 est Medicare Utilization:</b> 18,922	<b>2007 Work RVU:</b> 3.98 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 1.74 <b>2020 Work RVU:</b> 3.47 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 1.80
<b>RUC Recommendation:</b> 3.85			<b>Referred to CPT:</b> February 2013	<b>Result:</b> Decrease	
			<b>Referred to CPT Asst:</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
<b>43238</b>	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s), (includes endoscopic ultrasound examination limited to the esophagus, stomach or duodenum, and adjacent structures)	<b>Global:</b> 000	<b>Issue:</b> EGD	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab</b> 11	<b>Specialty Developing Recommendation:</b> AGA, ASGE, SAGES	<b>First Identified:</b> September 2011	<b>2019 est Medicare Utilization:</b> 14,141	<b>2007 Work RVU:</b> 5.02 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 2.11 <b>2020 Work RVU:</b> 4.16 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 2.10
<b>RUC Recommendation:</b> 4.50			<b>Referred to CPT:</b> February 2013	<b>Result:</b> Decrease	
			<b>Referred to CPT Asst:</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	

# Status Report: CMS Requests and Relativity Assessment Issues

**43239** Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or multiple **Global:** 000 **Issue:** EGD with Biopsy **Screen:** MPC List / CMS Request - Final Rule for 2019 **Complete?** Yes

**Most Recent RUC Meeting:** April 2019 **Tab** 12 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, SAGES **First Identified:** October 2010 **2019 est Medicare Utilization:** 1,424,058 **2007 Work RVU:** 2.87 **2020 Work RVU:** 2.39 **2007 NF PE RVU:** 5.79 **2020 NF PE RVU:** 7.96 **2007 Fac PE RVU:** 1.29 **2020 Fac PE RVU:** 1.32 **RUC Recommendation:** 2.39 **Result:** Maintain

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

**43240** Esophagogastroduodenoscopy, flexible, transoral; with transmural drainage of pseudocyst (includes placement of transmural drainage catheter[s]/stent[s], when performed, and endoscopic ultrasound, when performed) **Global:** 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

**Most Recent RUC Meeting:** April 2013 **Tab** 11 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2019 est Medicare Utilization:** 1,002 **2007 Work RVU:** 6.85 **2020 Work RVU:** 7.15 **2007 NF PE RVU:** NA **2020 NF PE RVU:** NA **2007 Fac PE RVU:** 2.82 **2020 Fac PE RVU:** 3.40 **RUC Recommendation:** 7.25 **Result:** Increase

**Referred to CPT** February 2013  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**43241** Esophagogastroduodenoscopy, flexible, transoral; with insertion of intraluminal tube or catheter **Global:** 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

**Most Recent RUC Meeting:** January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2019 est Medicare Utilization:** 4,312 **2007 Work RVU:** 2.59 **2020 Work RVU:** 2.49 **2007 NF PE RVU:** NA **2020 NF PE RVU:** NA **2007 Fac PE RVU:** 1.18 **2020 Fac PE RVU:** 1.32 **RUC Recommendation:** 2.59 **Result:** Maintain

**Referred to CPT** October 2012  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

<b>43242</b>	<b>Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis)</b>	<b>Global:</b> 000	<b>Issue:</b> EGD	<b>Screen:</b> CMS Fastest Growing / MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab</b> 11	<b>Specialty Developing Recommendation:</b> AGA, ASGE, ACG	<b>First Identified:</b> October 2008	<b>2019 est Medicare Utilization:</b> 26,340	<b>2007 Work RVU:</b> 7.30 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 2.98 <b>2020 Work RVU:</b> 4.73 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 2.36
<b>RUC Recommendation:</b> 5.39			<b>Referred to CPT</b> February 2013 <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Mar 2009	<b>Result:</b> Decrease
<hr/>					
<b>43243</b>	<b>Esophagogastroduodenoscopy, flexible, transoral; with injection sclerosis of esophageal/gastric varices</b>	<b>Global:</b> 000	<b>Issue:</b> EGD	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2013	<b>Tab</b> 08	<b>Specialty Developing Recommendation:</b> AGA, ASGE, SAGES	<b>First Identified:</b> September 2011	<b>2019 est Medicare Utilization:</b> 647	<b>2007 Work RVU:</b> 4.56 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 1.94 <b>2020 Work RVU:</b> 4.27 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 2.10
<b>RUC Recommendation:</b> 4.37			<b>Referred to CPT</b> October 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease
<hr/>					
<b>43244</b>	<b>Esophagogastroduodenoscopy, flexible, transoral; with band ligation of esophageal/gastric varices</b>	<b>Global:</b> 000	<b>Issue:</b> EGD	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2013	<b>Tab</b> 08	<b>Specialty Developing Recommendation:</b> AGA, ASGE, SAGES	<b>First Identified:</b> September 2011	<b>2019 est Medicare Utilization:</b> 22,233	<b>2007 Work RVU:</b> 5.04 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 2.14 <b>2020 Work RVU:</b> 4.40 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 2.21
<b>RUC Recommendation:</b> 4.50			<b>Referred to CPT</b> October 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease

# Status Report: CMS Requests and Relativity Assessment Issues

<b>43245</b>	<b>Esophagogastroduodenoscopy, flexible, transoral; with dilation of gastric/duodenal stricture(s) (eg, balloon, bougie)</b>	<b>Global:</b> 000	<b>Issue:</b> EGD	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2013	<b>Tab</b> 08 <b>Specialty Developing Recommendation:</b> AGA, ASGE, SAGES	<b>First Identified:</b> September 2011	<b>2019 est Medicare Utilization:</b> 15,047	<b>2007 Work RVU:</b> 3.18 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 1.39 <b>Result:</b> Maintain	<b>2020 Work RVU:</b> 3.08 <b>2020 NF PE RVU:</b> 13.30 <b>2020 Fac PE RVU:</b> 1.59
<b>RUC Recommendation:</b> 3.18		<b>Referred to CPT</b> October 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

<b>43246</b>	<b>Esophagogastroduodenoscopy, flexible, transoral; with directed placement of percutaneous gastrostomy tube</b>	<b>Global:</b> 000	<b>Issue:</b> EGD	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab</b> 11 <b>Specialty Developing Recommendation:</b> AGA, ASGE, SAGES	<b>First Identified:</b> September 2011	<b>2019 est Medicare Utilization:</b> 71,081	<b>2007 Work RVU:</b> 4.32 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 1.8 <b>Result:</b> Maintain	<b>2020 Work RVU:</b> 3.56 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 1.73
<b>RUC Recommendation:</b> 4.32		<b>Referred to CPT</b> October 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

<b>43247</b>	<b>Esophagogastroduodenoscopy, flexible, transoral; with removal of foreign body(s)</b>	<b>Global:</b> 000	<b>Issue:</b> EGD	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2013	<b>Tab</b> 08 <b>Specialty Developing Recommendation:</b> AGA, ASGE, SAGES	<b>First Identified:</b> September 2011	<b>2019 est Medicare Utilization:</b> 28,637	<b>2007 Work RVU:</b> 3.38 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 1.48 <b>Result:</b> Decrease	<b>2020 Work RVU:</b> 3.11 <b>2020 NF PE RVU:</b> 7.08 <b>2020 Fac PE RVU:</b> 1.62
<b>RUC Recommendation:</b> 3.27		<b>Referred to CPT</b> October 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

<b>43248</b>	<b>Esophagogastroduodenoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) through esophagus over guide wire</b>	<b>Global:</b> 000	<b>Issue:</b> EGD	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2013	<b>Tab</b> 08 <b>Specialty Developing Recommendation:</b> AGA, ASGE, SAGES	<b>First Identified:</b> September 2011	<b>2019 est Medicare Utilization:</b> 110,879	<b>2007 Work RVU:</b> 3.15 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 1.43 <b>Result:</b> Decrease	<b>2020 Work RVU:</b> 2.91 <b>2020 NF PE RVU:</b> 7.84 <b>2020 Fac PE RVU:</b> 1.55
<b>RUC Recommendation:</b> 3.01		<b>Referred to CPT</b> October 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

## Status Report: CMS Requests and Relativity Assessment Issues

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<b>43249</b>	<b>Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic balloon dilation of esophagus (less than 30 mm diameter)</b>	<b>Global:</b> 000	<b>Issue:</b> EGD	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2013	<b>Tab</b> 08 <b>Specialty Developing Recommendation:</b> AGA, ASGE, SAGES	<b>First Identified:</b> September 2011	<b>2019 est Medicare Utilization:</b> 125,878	<b>2007 Work RVU:</b> 2.90 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 1.32 <b>Result:</b> Decrease	<b>2020 Work RVU:</b> 2.67 <b>2020 NF PE RVU:</b> 28.07 <b>2020 Fac PE RVU:</b> 1.44
<b>RUC Recommendation:</b> 2.77		<b>Referred to CPT</b> October 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			

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<b>43250</b>	<b>Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps</b>	<b>Global:</b> 000	<b>Issue:</b> EGD	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2013	<b>Tab</b> 08 <b>Specialty Developing Recommendation:</b> AGA, ASGE, SAGES	<b>First Identified:</b> September 2011	<b>2019 est Medicare Utilization:</b> 3,775	<b>2007 Work RVU:</b> 3.20 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 1.4 <b>Result:</b> Decrease	<b>2020 Work RVU:</b> 2.97 <b>2020 NF PE RVU:</b> 8.94 <b>2020 Fac PE RVU:</b> 1.53
<b>RUC Recommendation:</b> 3.07		<b>Referred to CPT</b> October 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			

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<b>43251</b>	<b>Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique</b>	<b>Global:</b> 000	<b>Issue:</b> EGD	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab</b> 11 <b>Specialty Developing Recommendation:</b> AGA, ASGE, SAGES	<b>First Identified:</b> September 2011	<b>2019 est Medicare Utilization:</b> 35,888	<b>2007 Work RVU:</b> 3.69 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 1.6 <b>Result:</b> Decrease	<b>2020 Work RVU:</b> 3.47 <b>2020 NF PE RVU:</b> 9.71 <b>2020 Fac PE RVU:</b> 1.79
<b>RUC Recommendation:</b> 3.57		<b>Referred to CPT</b> October 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			

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## Status Report: CMS Requests and Relativity Assessment Issues

<b>43253</b>	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided transmural injection of diagnostic or therapeutic substance(s) (eg, anesthetic, neurolytic agent) or fiducial marker(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis)	<b>Global:</b> 000	<b>Issue:</b> EGD	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab</b> 11	<b>Specialty Developing Recommendation:</b> AGA, ASGE, SAGES	<b>First Identified:</b> February 2012	<b>2019 est Medicare Utilization:</b> 2,309	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease <b>2020 Work RVU:</b> 4.73 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 2.36
<b>RUC Recommendation:</b> 5.39			<b>Referred to CPT</b> February 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		
<b>43254</b>	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic mucosal resection	<b>Global:</b> 000	<b>Issue:</b> EGD	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2013	<b>Tab</b> 08	<b>Specialty Developing Recommendation:</b> AGA, ASGE, SAGES	<b>First Identified:</b> October 2012	<b>2019 est Medicare Utilization:</b> 5,797	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease <b>2020 Work RVU:</b> 4.87 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 2.41
<b>RUC Recommendation:</b> 5.25			<b>Referred to CPT</b> October 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		
<b>43255</b>	Esophagogastroduodenoscopy, flexible, transoral; with control of bleeding, any method	<b>Global:</b> 000	<b>Issue:</b> EGD	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2013	<b>Tab</b> 08	<b>Specialty Developing Recommendation:</b> AGA, ASGE, SAGES	<b>First Identified:</b> September 2011	<b>2019 est Medicare Utilization:</b> 62,091	<b>2007 Work RVU:</b> 4.81 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU Result:</b> Decrease <b>2020 Work RVU:</b> 3.56 <b>2020 NF PE RVU:</b> 14.74 <b>2020 Fac PE RVU:</b> 1.84
<b>RUC Recommendation:</b> 4.20			<b>Referred to CPT</b> October 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		

# Status Report: CMS Requests and Relativity Assessment Issues

**43256** Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with transendoscopic stent placement (includes predilation) **Global:** **Issue:** EGD **Screen:** MPC List **Complete?** Yes

**Most Recent RUC Meeting:** January 2013

**Tab** 08

**Specialty Developing Recommendation:**

AGA, ASGE, SAGES

**First Identified:** September 2011

**2019 est Medicare Utilization:**

**2007 Work RVU:** 4.34

**2007 NF PE RVU:** NA

**2007 Fac PE RVU** 1.85

**Result:** Deleted from CPT

**2020 Work RVU:**

**2020 NF PE RVU:**

**2020 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2012

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

**43257** Esophagogastroduodenoscopy, flexible, transoral; with delivery of thermal energy to the muscle of lower esophageal sphincter and/or gastric cardia, for treatment of gastroesophageal reflux disease

**Global:** 000

**Issue:** EGD

**Screen:** MPC List

**Complete?** Yes

**Most Recent RUC Meeting:** January 2013

**Tab** 08

**Specialty Developing Recommendation:**

AGA, ASGE, SAGES

**First Identified:** September 2011

**2019 est Medicare Utilization:** 148

**2007 Work RVU:** 5.50

**2007 NF PE RVU:** NA

**2007 Fac PE RVU** 2.16

**Result:** Decrease

**2020 Work RVU:** 4.15

**2020 NF PE RVU:** NA

**2020 Fac PE RVU:** 2.06

**RUC Recommendation:** 4.25

**Referred to CPT** October 2012

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

**43258** Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique

**Global:**

**Issue:** EGD

**Screen:** MPC List

**Complete?** Yes

**Most Recent RUC Meeting:** January 2013

**Tab** 08

**Specialty Developing Recommendation:**

AGA, ASGE, SAGES

**First Identified:** September 2011

**2019 est Medicare Utilization:**

**2007 Work RVU:** 4.54

**2007 NF PE RVU:** NA

**2007 Fac PE RVU** 1.94

**Result:** Deleted from CPT

**2020 Work RVU:**

**2020 NF PE RVU:**

**2020 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2012

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

## Status Report: CMS Requests and Relativity Assessment Issues

<b>43259</b>	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic ultrasound examination, including the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis	<b>Global:</b> 000	<b>Issue:</b> EGD	<b>Screen:</b> CMS Fastest Growing	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab</b> 11	<b>Specialty Developing Recommendation:</b> AGA, ASGE, ACG	<b>First Identified:</b> October 2008	<b>2019 est Medicare Utilization:</b> 34,294	<b>2007 Work RVU:</b> 5.19 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 2.17 <b>2020 Work RVU:</b> 4.04 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 2.06
<b>RUC Recommendation:</b> 4.74			<b>Referred to CPT</b> February 2013 <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Mar 2009 <b>Result:</b> Decrease	
<b>43260</b>	Endoscopic retrograde cholangiopancreatography (ERCP); diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	<b>Global:</b> 000	<b>Issue:</b> ERCP	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab</b> 12	<b>Specialty Developing Recommendation:</b> AGA, ASGE, SAGES	<b>First Identified:</b> September 2011	<b>2019 est Medicare Utilization:</b> 4,795	<b>2007 Work RVU:</b> 5.95 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 2.49 <b>2020 Work RVU:</b> 5.85 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 2.84
<b>RUC Recommendation:</b> 5.95			<b>Referred to CPT</b> February 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b> <b>Result:</b> Maintain	
<b>43261</b>	Endoscopic retrograde cholangiopancreatography (ERCP); with biopsy, single or multiple	<b>Global:</b> 000	<b>Issue:</b> ERCP	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab</b> 12	<b>Specialty Developing Recommendation:</b> AGA, ASGE, SAGES	<b>First Identified:</b> September 2011	<b>2019 est Medicare Utilization:</b> 7,154	<b>2007 Work RVU:</b> 6.26 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 2.61 <b>2020 Work RVU:</b> 6.15 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 2.97
<b>RUC Recommendation:</b> 6.25			<b>Referred to CPT</b> January 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b> <b>Result:</b> Decrease	

## Status Report: CMS Requests and Relativity Assessment Issues

<b>43262</b>	Endoscopic retrograde cholangiopancreatography (ERCP); with sphincterotomy/papillotomy			<b>Global:</b> 000	<b>Issue:</b> ERCP	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab</b> 12	<b>Specialty Developing Recommendation:</b>	AGA, ASGE, SAGES	<b>First Identified:</b> September 2011	<b>2019 est Medicare Utilization:</b> 30,450	<b>2007 Work RVU:</b> 7.38 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 3.03 <b>Result:</b> Decrease	<b>2020 Work RVU:</b> 6.50 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 3.13
<b>RUC Recommendation:</b> 6.60				<b>Referred to CPT</b> January 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
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<b>43263</b>	Endoscopic retrograde cholangiopancreatography (ERCP); with pressure measurement of sphincter of Oddi			<b>Global:</b> 000	<b>Issue:</b> ERCP	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab</b> 12	<b>Specialty Developing Recommendation:</b>	AGA, ASGE, SAGES	<b>First Identified:</b> September 2011	<b>2019 est Medicare Utilization:</b> 67	<b>2007 Work RVU:</b> 7.28 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 3.02 <b>Result:</b> Maintain	<b>2020 Work RVU:</b> 6.50 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 3.13
<b>RUC Recommendation:</b> 7.28				<b>Referred to CPT</b> February 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
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<b>43264</b>	Endoscopic retrograde cholangiopancreatography (ERCP); with removal of calculi/debris from biliary/pancreatic duct(s)			<b>Global:</b> 000	<b>Issue:</b> ERCP	<b>Screen:</b> Harvard Valued - Utilization over 30,000 / MPC List / Harvard-Valued Annual Allowed Charges Greater than \$10 million	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab</b> 12	<b>Specialty Developing Recommendation:</b>	AGA, ASGE, SAGES	<b>First Identified:</b> April 2011	<b>2019 est Medicare Utilization:</b> 56,121	<b>2007 Work RVU:</b> 8.89 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 3.61 <b>Result:</b> Decrease	<b>2020 Work RVU:</b> 6.63 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 3.18
<b>RUC Recommendation:</b> 6.73				<b>Referred to CPT</b> February 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

## Status Report: CMS Requests and Relativity Assessment Issues

<b>43265</b>	Endoscopic retrograde cholangiopancreatography (ERCP); with destruction of calculi, any method (eg, mechanical, electrohydraulic, lithotripsy)	<b>Global:</b> 000	<b>Issue:</b> ERCP	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab</b> 12 <b>Specialty Developing Recommendation:</b> AGA, ASGE, SAGES	<b>First Identified:</b> September 2011	<b>2019 est Medicare Utilization:</b> 2,820	<b>2007 Work RVU:</b> 10.00 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 4.03 <b>Result:</b> Decrease	<b>2020 Work RVU:</b> 7.93 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 3.74
<b>RUC Recommendation:</b> 8.03		<b>Referred to CPT</b> February 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
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<b>43266</b>	Esophagogastroduodenoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	<b>Global:</b> 000	<b>Issue:</b> EGD	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2013	<b>Tab</b> 08 <b>Specialty Developing Recommendation:</b> AGA, ASGE, SAGES	<b>First Identified:</b> October 2012	<b>2019 est Medicare Utilization:</b> 5,767	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease	<b>2020 Work RVU:</b> 3.92 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 1.89
<b>RUC Recommendation:</b> 4.40		<b>Referred to CPT</b> October 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
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<b>43267</b>	Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde insertion of nasobiliary or nasopancreatic drainage tube	<b>Global:</b>	<b>Issue:</b> ERCP	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab</b> 12 <b>Specialty Developing Recommendation:</b> AGA, ASGE, SAGES	<b>First Identified:</b> September 2011	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> 7.38 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 3.01 <b>Result:</b> Deleted from CPT	<b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> February 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

## Status Report: CMS Requests and Relativity Assessment Issues

**43268** Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde insertion of tube or stent into bile or pancreatic duct **Global:** **Issue:** ERCP **Screen:** Harvard Valued - Utilization over 30,000 / MPC List **Complete?** Yes

**Most Recent RUC Meeting:** April 2013

**Tab** 12

**Specialty Developing Recommendation:**

AGA, ASGE, SAGES

**First Identified:** April 2011

**2019 est Medicare Utilization:**

**2007 Work RVU:** 7.38

**2020 Work RVU:**

**2007 NF PE RVU:** NA

**2020 NF PE RVU:**

**2007 Fac PE RVU** 3.15

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2013

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

**43269** Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde removal of foreign body and/or change of tube or stent

**Global:**

**Issue:** ERCP

**Screen:** MPC List

**Complete?** Yes

**Most Recent RUC Meeting:** April 2013

**Tab** 12

**Specialty Developing Recommendation:**

AGA, ASGE, SAGES

**First Identified:** September 2011

**2019 est Medicare Utilization:**

**2007 Work RVU:** 8.20

**2020 Work RVU:**

**2007 NF PE RVU:** NA

**2020 NF PE RVU:**

**2007 Fac PE RVU** 3.35

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2013

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

**43270** Esophagogastroduodenoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)

**Global:** 000

**Issue:** EGD

**Screen:** MPC List

**Complete?** Yes

**Most Recent RUC Meeting:** January 2013

**Tab** 08

**Specialty Developing Recommendation:**

AGA, ASGE, SAGES

**First Identified:** October 2012

**2019 est Medicare Utilization:** 20,628

**2007 Work RVU:**

**2020 Work RVU:** 4.01

**2007 NF PE RVU:**

**2020 NF PE RVU:** 15.90

**2007 Fac PE RVU**

**2020 Fac PE RVU:** 2.03

**Result:** Decrease

**RUC Recommendation:** 4.39

**Referred to CPT** October 2012

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

# Status Report: CMS Requests and Relativity Assessment Issues

**43271** Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde balloon dilation of ampulla, biliary and/or pancreatic duct(s) **Global:** **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

**Most Recent RUC Meeting:** April 2013

**Tab 12 Specialty Developing Recommendation:** AGA, ASGE, SAGES

**First Identified:** September 2011

**2019 est Medicare Utilization:**

**2007 Work RVU:** 7.38

**2020 Work RVU:**

**2007 NF PE RVU:** NA

**2020 NF PE RVU:**

**2007 Fac PE RVU:** 3.03

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2013

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

**43272** Endoscopic retrograde cholangiopancreatography (ERCP); with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique **Global:** **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

**Most Recent RUC Meeting:** April 2013

**Tab 12 Specialty Developing Recommendation:** AGA, ASGE, SAGES

**First Identified:** September 2011

**2019 est Medicare Utilization:**

**2007 Work RVU:** 7.38

**2020 Work RVU:**

**2007 NF PE RVU:** NA

**2020 NF PE RVU:**

**2007 Fac PE RVU:** 3.05

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2013

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

**43273** Endoscopic cannulation of papilla with direct visualization of pancreatic/common bile duct(s) (List separately in addition to code(s) for primary procedure) **Global:** ZZZ **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

**Most Recent RUC Meeting:** April 2013

**Tab 12 Specialty Developing Recommendation:** AGA, ASGE, SAGES

**First Identified:** September 2011

**2019 est Medicare Utilization:** 8,668

**2007 Work RVU:**

**2020 Work RVU:** 2.24

**2007 NF PE RVU:**

**2020 NF PE RVU:** NA

**2007 Fac PE RVU**

**2020 Fac PE RVU:** 0.98

**Result:** Maintain

**RUC Recommendation:** 2.24

**Referred to CPT** February 2013

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

## Status Report: CMS Requests and Relativity Assessment Issues

<b>43274</b>	Endoscopic retrograde cholangiopancreatography (ERCP); with placement of endoscopic stent into biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent	<b>Global:</b> 000	<b>Issue:</b> ERCP	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab</b> 12	<b>Specialty Developing Recommendation:</b> AGA, ASGE, SAGES	<b>First Identified:</b> September 2011	<b>2019 est Medicare Utilization:</b> 43,064	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease <b>2020 Work RVU:</b> 8.48 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 3.98
<b>RUC Recommendation:</b> 8.74			<b>Referred to CPT</b> February 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		
<b>43275</b>	Endoscopic retrograde cholangiopancreatography (ERCP); with removal of foreign body(s) or stent(s) from biliary/pancreatic duct(s)	<b>Global:</b> 000	<b>Issue:</b> ERCP	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab</b> 12	<b>Specialty Developing Recommendation:</b> AGA, ASGE, SAGES	<b>First Identified:</b> September 2011	<b>2019 est Medicare Utilization:</b> 14,287	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease <b>2020 Work RVU:</b> 6.86 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 3.27
<b>RUC Recommendation:</b> 6.96			<b>Referred to CPT</b> February 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		
<b>43276</b>	Endoscopic retrograde cholangiopancreatography (ERCP); with removal and exchange of stent(s), biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent exchanged	<b>Global:</b> 000	<b>Issue:</b> ERCP	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab</b> 12	<b>Specialty Developing Recommendation:</b> AGA, ASGE, SAGES	<b>First Identified:</b> September 2011	<b>2019 est Medicare Utilization:</b> 16,434	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease <b>2020 Work RVU:</b> 8.84 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 4.14
<b>RUC Recommendation:</b> 9.10			<b>Referred to CPT</b> February 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		



# Status Report: CMS Requests and Relativity Assessment Issues

**43277** Endoscopic retrograde cholangiopancreatography (ERCP); with trans-endoscopic balloon dilation of biliary/pancreatic duct(s) or of ampulla (sphincteroplasty), including sphincterotomy, when performed, each duct **Global:** 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

**Most Recent RUC Meeting:** April 2013

**Tab 12 Specialty Developing Recommendation:** AGA, ASGE, SAGES

**First Identified:** September 2011

**2019 est Medicare Utilization:** 6,694

**2007 Work RVU:**  
**2007 NF PE RVU:**  
**2007 Fac PE RVU Result:** Decrease

**2020 Work RVU:** 6.90  
**2020 NF PE RVU:** NA  
**2020 Fac PE RVU:** 3.29

**RUC Recommendation:** 7.11

**Referred to CPT** February 2013  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**43278** Endoscopic retrograde cholangiopancreatography (ERCP); with ablation of tumor(s), polyp(s), or other lesion(s), including pre- and post-dilation and guide wire passage, when performed **Global:** 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

**Most Recent RUC Meeting:** April 2013

**Tab 12 Specialty Developing Recommendation:** AGA, ASGE, SAGES

**First Identified:** September 2011

**2019 est Medicare Utilization:** 600

**2007 Work RVU:**  
**2007 NF PE RVU:**  
**2007 Fac PE RVU Result:** Decrease

**2020 Work RVU:** 7.92  
**2020 NF PE RVU:** NA  
**2020 Fac PE RVU:** 3.74

**RUC Recommendation:** 8.08

**Referred to CPT** February 2013  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**43450** Dilation of esophagus, by unguided sound or bougie, single or multiple passes **Global:** 000 **Issue:** Dilation of Esophagus **Screen:** MPC List **Complete?** Yes

**Most Recent RUC Meeting:** October 2012

**Tab 17 Specialty Developing Recommendation:** AGA, ASGE, SAGES, AAO-HNS

**First Identified:** September 2011

**2019 est Medicare Utilization:** 71,670

**2007 Work RVU:** 1.38  
**2007 NF PE RVU:** 2.64  
**2007 Fac PE RVU Result:** Decrease

**2020 Work RVU:** 1.28  
**2020 NF PE RVU:** 3.46  
**2020 Fac PE RVU:** 0.86

**RUC Recommendation:** 1.30

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

**43453** Dilation of esophagus, over guide wire **Global:** 000 **Issue:** Dilation of Esophagus **Screen:** MPC List **Complete?** Yes

**Most Recent RUC Meeting:** October 2012

**Tab 17 Specialty Developing Recommendation:** AGA, ASGE, SAGES, AAO-HNS

**First Identified:** September 2011

**2019 est Medicare Utilization:** 1,698

**2007 Work RVU:** 1.51  
**2007 NF PE RVU:** 6.12  
**2007 Fac PE RVU Result:** Maintain

**2020 Work RVU:** 1.41  
**2020 NF PE RVU:** 23.50  
**2020 Fac PE RVU:** 0.90

**RUC Recommendation:** 1.51

**Referred to CPT** May 2012  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

<b>43456</b>	<b>Dilation of esophagus, by balloon or dilator, retrograde</b>	<b>Global:</b>	<b>Issue:</b> Dilation of Esophagus	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent</b> <b>RUC Meeting:</b> October 2012	<b>Tab</b> 17 <b>Specialty Developing Recommendation:</b> AGA, ASGE, SAGES, AAO-HNS	<b>First Identified:</b> September 2011	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> 2.57 <b>2007 NF PE RVU:</b> 13.55 <b>2007 Fac PE RVU:</b> 1.2 <b>Result:</b> Deleted from CPT	<b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> October 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

<b>43458</b>	<b>Dilation of esophagus with balloon (30 mm diameter or larger) for achalasia</b>	<b>Global:</b>	<b>Issue:</b> Dilation of Esophagus	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent</b> <b>RUC Meeting:</b> October 2012	<b>Tab</b> 17 <b>Specialty Developing Recommendation:</b> AGA, ASGE, SAGES, AAO-HNS	<b>First Identified:</b> September 2011	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> 3.06 <b>2007 NF PE RVU:</b> 6.72 <b>2007 Fac PE RVU:</b> 1.37 <b>Result:</b> Deleted from CPT	<b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> October 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

<b>43760</b>	<b>Change of gastrostomy tube, percutaneous, without imaging or endoscopic guidance</b>	<b>Global:</b>	<b>Issue:</b> Gastrostomy Tube Replacement	<b>Screen:</b> CMS 000-Day Global Typically Reported with an E/M	<b>Complete?</b> Yes
<b>Most Recent</b> <b>RUC Meeting:</b> January 2018	<b>Tab</b> 11 <b>Specialty Developing Recommendation:</b> ACEP, ACG, ACS, AGA, ASGE	<b>First Identified:</b> July 2016	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> 1.10 <b>2007 NF PE RVU:</b> 4.77 <b>2007 Fac PE RVU:</b> 0.44 <b>Result:</b> Deleted from CPT	<b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> September 2017 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

<b>43762</b>	<b>Replacement of gastrostomy tube, percutaneous, includes removal, when performed, without imaging or endoscopic guidance; not requiring revision of gastrostomy tract</b>	<b>Global:</b> 000	<b>Issue:</b> Gastrostomy Tube Replacement	<b>Screen:</b> CMS 000-Day Global Typically Reported with an E/M	<b>Complete?</b> Yes
<b>Most Recent</b> <b>RUC Meeting:</b> January 2018	<b>Tab</b> 11 <b>Specialty Developing Recommendation:</b> ACEP, ACG, ACS, AGA, ASGE	<b>First Identified:</b> September 2017	<b>2019 est Medicare Utilization:</b> 49,049	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease	<b>2020 Work RVU:</b> 0.75 <b>2020 NF PE RVU:</b> 5.58 <b>2020 Fac PE RVU:</b> 0.23
<b>RUC Recommendation:</b> 0.75. Flag for Re-review.		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

## Status Report: CMS Requests and Relativity Assessment Issues

<b>43763</b>	<b>Replacement of gastrostomy tube, percutaneous, includes removal, when performed, without imaging or endoscopic guidance; requiring revision of gastrostomy tract</b>	<b>Global:</b> 000	<b>Issue:</b> Gastrostomy Tube Replacement	<b>Screen:</b> CMS 000-Day Global Typically Reported with an E/M	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2018	<b>Tab</b> 11	<b>Specialty Developing Recommendation:</b> ACEP, ACG, ACS, AGA, ASGE	<b>First Identified:</b> September 2017	<b>2019 est Medicare Utilization:</b> 1,711	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease <b>2020 Work RVU:</b> 1.41 <b>2020 NF PE RVU:</b> 7.98 <b>2020 Fac PE RVU:</b> 0.78
<b>RUC Recommendation:</b> 1.41. Flag for Re-review.			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		
<b>44143</b>	<b>Colectomy, partial; with end colostomy and closure of distal segment (Hartmann type procedure)</b>	<b>Global:</b> 090	<b>Issue:</b> RAW	<b>Screen:</b> High Level E/M in Global Period	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 54	<b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> October 2015	<b>2019 est Medicare Utilization:</b> 10,216	<b>2007 Work RVU:</b> 27.63 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU</b> 10.6 <b>Result:</b> Remove from screen <b>2020 Work RVU:</b> 27.79 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 14.36
<b>RUC Recommendation:</b> 99214 visit appropriate. Remove from screen.			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		
<b>44205</b>	<b>Laparoscopy, surgical; colectomy, partial, with removal of terminal ileum with ileocolostomy</b>	<b>Global:</b> 090	<b>Issue:</b> Laproscopic Procedures	<b>Screen:</b> CMS Fastest Growing	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2008	<b>Tab</b> 26	<b>Specialty Developing Recommendation:</b> ACS, ASCRS	<b>First Identified:</b> October 2008	<b>2019 est Medicare Utilization:</b> 12,383	<b>2007 Work RVU:</b> 22.86 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU</b> 8.6 <b>Result:</b> Remove from Screen <b>2020 Work RVU:</b> 22.95 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 11.20
<b>RUC Recommendation:</b> Remove from screen			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		

# Status Report: CMS Requests and Relativity Assessment Issues

**44207** Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis) **Global:** 090 **Issue:** Laproscopic Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

**Most Recent RUC Meeting:** October 2008 **Tab** 26 **Specialty Developing Recommendation:** ACS, ASCRS **First Identified:** February 2008 **2019 est Medicare Utilization:** 9,951

**2007 Work RVU:** 31.79 **2020 Work RVU:** 31.92  
**2007 NF PE RVU:** NA **2020 NF PE RVU:** NA  
**2007 Fac PE RVU:** 11.17 **2020 Fac PE RVU:** 14.61  
**Result:** Remove from Screen

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

**44380** Ileoscopy, through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure) **Global:** 000 **Issue:** Ileoscopy  
Ileoscopy **Screen:** MPC List **Complete?** Yes

**Most Recent RUC Meeting:** October 2013 **Tab** 04 **Specialty Developing Recommendation:** AGA, ASGE, ACG **First Identified:** September 2011 **2019 est Medicare Utilization:** 2,038

**2007 Work RVU:** 1.05 **2020 Work RVU:** 0.87  
**2007 NF PE RVU:** NA **2020 NF PE RVU:** 4.24  
**2007 Fac PE RVU:** 0.6 **2020 Fac PE RVU:** 0.65  
**Result:** Decrease

**RUC Recommendation:** 0.97 **Referred to CPT** May 2013  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**44381** Ileoscopy, through stoma; with transendoscopic balloon dilation **Global:** 000 **Issue:** Ileoscopy **Screen:** MPC List **Complete?** Yes

**Most Recent RUC Meeting:** October 2013 **Tab** 04 **Specialty Developing Recommendation:** AGA, ASGE, ACG **First Identified:** May 2013 **2019 est Medicare Utilization:** 150

**2007 Work RVU:** **2020 Work RVU:** 1.38  
**2007 NF PE RVU:** **2020 NF PE RVU:** 26.34  
**2007 Fac PE RVU:** **2020 Fac PE RVU:** 0.86  
**Result:** Decrease

**RUC Recommendation:** 1.48 **Referred to CPT** May 2013  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**44382** Ileoscopy, through stoma; with biopsy, single or multiple **Global:** 000 **Issue:** Ileoscopy  
Ileoscopy  
Ileoscopy  
Ileoscopy **Screen:** MPC List **Complete?** Yes

**Most Recent RUC Meeting:** October 2013 **Tab** 04 **Specialty Developing Recommendation:** AGA, ASGE, ACG **First Identified:** September 2011 **2019 est Medicare Utilization:** 1,549

**2007 Work RVU:** 1.27 **2020 Work RVU:** 1.17  
**2007 NF PE RVU:** NA **2020 NF PE RVU:** 6.84  
**2007 Fac PE RVU:** 0.67 **2020 Fac PE RVU:** 0.80  
**Result:** Maintain

**RUC Recommendation:** 1.27 **Referred to CPT** May 2013  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

<b>44383</b>	Ileoscopy, through stoma; with transendoscopic stent placement (includes predilation)	<b>Global:</b>	<b>Issue:</b> Ileoscopy	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2013	<b>Tab</b> 04 <b>Specialty Developing Recommendation:</b> AGA, ASGE, ACG	<b>First Identified:</b> September 2011	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> 2.94 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 1.36 <b>Result:</b> Deleted from CPT	<b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> May 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

<b>44384</b>	Ileoscopy, through stoma; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	<b>Global:</b> 000	<b>Issue:</b> Ileoscopy	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2013	<b>Tab</b> 04 <b>Specialty Developing Recommendation:</b> AGA, ASGE, ACG	<b>First Identified:</b> May 2013	<b>2019 est Medicare Utilization:</b> 124	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease	<b>2020 Work RVU:</b> 2.85 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 1.25
<b>RUC Recommendation:</b> 3.11		<b>Referred to CPT</b> May 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

<b>44385</b>	Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or JJ]); diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	<b>Global:</b> 000	<b>Issue:</b> Pouchoscopy	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2013	<b>Tab</b> 05 <b>Specialty Developing Recommendation:</b> ACG, ACS, AGA, ASGE, ASCRS, SAGES	<b>First Identified:</b> September 2011	<b>2019 est Medicare Utilization:</b> 1,312	<b>2007 Work RVU:</b> 1.82 <b>2007 NF PE RVU:</b> 3.73 <b>2007 Fac PE RVU:</b> 0.79 <b>Result:</b> Decrease	<b>2020 Work RVU:</b> 1.20 <b>2020 NF PE RVU:</b> 4.36 <b>2020 Fac PE RVU:</b> 0.73
<b>RUC Recommendation:</b> 1.30		<b>Referred to CPT</b> May 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

## Status Report: CMS Requests and Relativity Assessment Issues

**44386** Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or JJ]); with biopsy, single or multiple **Global:** 000 **Issue:** Pouchoscopy **Screen:** MPC List **Complete?** Yes

**Most Recent RUC Meeting:** October 2013

**Tab** 05

**Specialty Developing Recommendation:**

ACG, ACS, AGA, ASGE, ASCRS, SAGES

**First Identified:** September 2011

**2019 est Medicare Utilization:** 1,832

**2007 Work RVU:** 2.12

**2020 Work RVU:** 1.50

**2007 NF PE RVU:** 6.66

**2020 NF PE RVU:** 6.86

**2007 Fac PE RVU** 0.93

**2020 Fac PE RVU:**0.89

**RUC Recommendation:** 1.60

**Referred to CPT** May 2013

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

**Result:** Decrease

**44388** Colonoscopy through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)

**Global:** 000

**Issue:** Colonoscopy through stoma

**Screen:** MPC List

**Complete?** Yes

**Most Recent RUC Meeting:** January 2014

**Tab** 08

**Specialty Developing Recommendation:**

ASCRS, ACS, SAGES, AGA, ASGE, ACG

**First Identified:** September 2011

**2019 est Medicare Utilization:** 4,180

**2007 Work RVU:** 2.82

**2020 Work RVU:** 2.72

**2007 NF PE RVU:** 5.34

**2020 NF PE RVU:** 5.57

**2007 Fac PE RVU** 1.21

**2020 Fac PE RVU:**1.40

**RUC Recommendation:** 2.82

**Referred to CPT** October 2013

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

**Result:** Maintain

**44389** Colonoscopy through stoma; with biopsy, single or multiple

**Global:** 000

**Issue:** Colonoscopy through stoma

**Screen:** MPC List

**Complete?** Yes

**Most Recent RUC Meeting:** January 2014

**Tab** 08

**Specialty Developing Recommendation:**

ASCRS, ACS, SAGES, AGA, ASGE, ACG

**First Identified:** September 2011

**2019 est Medicare Utilization:** 2,551

**2007 Work RVU:** 3.13

**2020 Work RVU:** 3.02

**2007 NF PE RVU:** 6.73

**2020 NF PE RVU:** 8.03

**2007 Fac PE RVU** 1.35

**2020 Fac PE RVU:**1.56

**RUC Recommendation:** 3.12

**Referred to CPT** October 2013

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

**Result:** Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

<b>44390</b>	Colonoscopy through stoma; with removal of foreign body(s)	<b>Global:</b> 000	<b>Issue:</b> Colonoscopy through stoma	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2014	<b>Tab</b> 08	<b>Specialty Developing Recommendation:</b> ASCRS, ACS, SAGES, AGA, ASGE, ACG	<b>First Identified:</b> September 2011	<b>2019 est Medicare Utilization:</b> 18	<b>2007 Work RVU:</b> 3.82 <b>2007 NF PE RVU:</b> 7.32 <b>2007 Fac PE RVU:</b> 1.57 <b>2020 Work RVU:</b> 3.74 <b>2020 NF PE RVU:</b> 7.08 <b>2020 Fac PE RVU:</b> 1.93
<b>RUC Recommendation:</b> 3.82			<b>Referred to CPT</b> October 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Maintain
<b>44391</b>	Colonoscopy through stoma; with control of bleeding, any method	<b>Global:</b> 000	<b>Issue:</b> Colonoscopy through stoma	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2014	<b>Tab</b> 08	<b>Specialty Developing Recommendation:</b> ASCRS, ACS, SAGES, AGA, ASGE, ACG	<b>First Identified:</b> September 2011	<b>2019 est Medicare Utilization:</b> 159	<b>2007 Work RVU:</b> 4.31 <b>2007 NF PE RVU:</b> 8.78 <b>2007 Fac PE RVU:</b> 1.83 <b>2020 Work RVU:</b> 4.12 <b>2020 NF PE RVU:</b> 14.69 <b>2020 Fac PE RVU:</b> 2.07
<b>RUC Recommendation:</b> 4.22			<b>Referred to CPT</b> October 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease
<b>44392</b>	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	<b>Global:</b> 000	<b>Issue:</b> Colonoscopy through stoma	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2014	<b>Tab</b> 08	<b>Specialty Developing Recommendation:</b> ASCRS, ACS, SAGES, AGA, ASGE, ACG	<b>First Identified:</b> September 2011	<b>2019 est Medicare Utilization:</b> 297	<b>2007 Work RVU:</b> 3.81 <b>2007 NF PE RVU:</b> 6.78 <b>2007 Fac PE RVU:</b> 1.55 <b>2020 Work RVU:</b> 3.53 <b>2020 NF PE RVU:</b> 6.52 <b>2020 Fac PE RVU:</b> 1.72
<b>RUC Recommendation:</b> 3.63			<b>Referred to CPT</b> October 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease

# Status Report: CMS Requests and Relativity Assessment Issues

**44393** Colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique      **Global:**      **Issue:** Colonoscopy through stoma      **Screen:** MPC List      **Complete?** Yes

**Most Recent RUC Meeting:** January 2014

**Tab** 08

**Specialty Developing Recommendation:**

ASCRS,  
ACS,  
SAGES,  
AGA, ASGE,  
ACG

**First Identified:** September 2011

**2019 est Medicare Utilization:**

**2007 Work RVU:** 4.83  
**2007 NF PE RVU:** 7.14  
**2007 Fac PE RVU** 1.91

**2020 Work RVU:**  
**2020 NF PE RVU:**  
**2020 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2013

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

**Result:** Deleted from CPT

**44394** Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique      **Global:** 000      **Issue:** Colonoscopy through stoma      **Screen:** MPC List      **Complete?** Yes

**Most Recent RUC Meeting:** January 2014

**Tab** 08

**Specialty Developing Recommendation:**

ASCRS,  
ACS,  
SAGES,  
AGA, ASGE,  
ACG

**First Identified:** September 2011

**2019 est Medicare Utilization:** 2,081

**2007 Work RVU:** 4.42  
**2007 NF PE RVU:** 7.97  
**2007 Fac PE RVU** 1.81

**2020 Work RVU:** 4.03  
**2020 NF PE RVU:** 7.57  
**2020 Fac PE RVU:** 1.98

**RUC Recommendation:** 4.13

**Referred to CPT** October 2013

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

**Result:** Decrease

**44397** Colonoscopy through stoma; with transendoscopic stent placement (includes predilation)      **Global:**      **Issue:** Colonoscopy through stoma      **Screen:** MPC List      **Complete?** Yes

**Most Recent RUC Meeting:** January 2014

**Tab** 08

**Specialty Developing Recommendation:**

ASCRS,  
ACS,  
SAGES,  
AGA, ASGE,  
ACG

**First Identified:** September 2011

**2019 est Medicare Utilization:**

**2007 Work RVU:** 4.70  
**2007 NF PE RVU:** NA  
**2007 Fac PE RVU** 1.93

**2020 Work RVU:**  
**2020 NF PE RVU:**  
**2020 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2013

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

**Result:** Deleted from CPT



## Status Report: CMS Requests and Relativity Assessment Issues

<b>44401</b>	Colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre-and post-dilation and guide wire passage, when performed)	<b>Global:</b> 000	<b>Issue:</b> Colonoscopy through stoma	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2014	<b>Tab 08 Specialty Developing Recommendation:</b> ASCRS, ACS, SAGES, AGA, ASGE, ACG	<b>First Identified:</b> September 2011	<b>2019 est Medicare Utilization:</b> 65	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU</b>	<b>2020 Work RVU:</b> 4.34 <b>2020 NF PE RVU:</b> 75.42 <b>2020 Fac PE RVU:</b> 2.19
<b>RUC Recommendation:</b> 4.44		<b>Referred to CPT</b> October 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease	
<b>44402</b>	Colonoscopy through stoma; with endoscopic stent placement (including pre- and post-dilation and guide wire passage, when performed)	<b>Global:</b> 000	<b>Issue:</b> Colonoscopy through stoma	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2014	<b>Tab 08 Specialty Developing Recommendation:</b> ASCRS, ACS, SAGES, AGA, ASGE, ACG	<b>First Identified:</b> January 2014	<b>2019 est Medicare Utilization:</b> 4	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU</b>	<b>2020 Work RVU:</b> 4.70 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 2.35
<b>RUC Recommendation:</b> 4.96		<b>Referred to CPT</b> October 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease	
<b>44403</b>	Colonoscopy through stoma; with endoscopic mucosal resection	<b>Global:</b> 000	<b>Issue:</b> Colonoscopy through stoma	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2014	<b>Tab 08 Specialty Developing Recommendation:</b> ASCRS, ACS, SAGES, AGA, ASGE, ACG	<b>First Identified:</b> January 2014	<b>2019 est Medicare Utilization:</b> 76	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU</b>	<b>2020 Work RVU:</b> 5.50 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 2.69
<b>RUC Recommendation:</b> 5.81		<b>Referred to CPT</b> October 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease	

# Status Report: CMS Requests and Relativity Assessment Issues

44404	Colonoscopy through stoma; with directed submucosal injection(s), any substance			Global: 000	Issue: Colonoscopy through stoma	Screen: MPC List	Complete? Yes
Most Recent RUC Meeting: January 2014	Tab 08	Specialty Developing Recommendation:	ASCRS, ACS, SAGES, AGA, ASGE, ACG	First Identified: January 2014	2019 est Medicare Utilization: 190	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU	2020 Work RVU: 3.02 2020 NF PE RVU: 7.98 2020 Fac PE RVU:1.57
RUC Recommendation: 3.13				Referred to CPT October 2013 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Decrease	
44405	Colonoscopy through stoma; with transendoscopic balloon dilation			Global: 000	Issue: Colonoscopy through stoma	Screen: MPC List	Complete? Yes
Most Recent RUC Meeting: January 2014	Tab 08	Specialty Developing Recommendation:	ASCRS, ACS, SAGES, AGA, ASGE, ACG	First Identified: January 2014	2019 est Medicare Utilization: 57	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU	2020 Work RVU: 3.23 2020 NF PE RVU: 12.33 2020 Fac PE RVU:1.70
RUC Recommendation: 3.33				Referred to CPT October 2013 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Decrease	
44406	Colonoscopy through stoma; with endoscopic ultrasound examination, limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures			Global: 000	Issue: Colonoscopy through stoma	Screen: MPC List	Complete? Yes
Most Recent RUC Meeting: January 2014	Tab 08	Specialty Developing Recommendation:	ASCRS, ACS, SAGES, AGA, ASGE, ACG	First Identified: January 2014	2019 est Medicare Utilization: 4	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU	2020 Work RVU: 4.10 2020 NF PE RVU: NA 2020 Fac PE RVU:2.08
RUC Recommendation: 4.41				Referred to CPT October 2013 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Decrease	

## Status Report: CMS Requests and Relativity Assessment Issues

**44407** Colonoscopy through stoma; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures **Global:** 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

**Most Recent RUC Meeting:** January 2014

**Tab** 08

**Specialty Developing Recommendation:**

ASCRS,  
ACS,  
SAGES,  
AGA, ASGE,  
ACG

**First Identified:** January 2014

**2019 est Medicare Utilization:**

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

**2020 Work RVU:** 4.96  
**2020 NF PE RVU:** NA  
**2020 Fac PE RVU:**2.46

**RUC Recommendation:** 5.06

**Referred to CPT** October 2013

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

**Result:** Decrease

**44408** Colonoscopy through stoma; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed **Global:** 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

**Most Recent RUC Meeting:** January 2014

**Tab** 08

**Specialty Developing Recommendation:**

ASCRS,  
ACS,  
SAGES,  
AGA, ASGE,  
ACG

**First Identified:** January 2014

**2019 est Medicare Utilization:** 76

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

**2020 Work RVU:** 4.14  
**2020 NF PE RVU:** NA  
**2020 Fac PE RVU:**2.10

**RUC Recommendation:** 4.24

**Referred to CPT** October 2013

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

**Result:** Decrease

**44901** Incision and drainage of appendiceal abscess; percutaneous **Global:** **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** January 2013

**Tab** 04

**Specialty Developing Recommendation:**

**First Identified:** January 2012

**2019 est Medicare Utilization:**

**2007 Work RVU:** 3.37  
**2007 NF PE RVU:** 25.61  
**2007 Fac PE RVU** 1.07

**2020 Work RVU:**  
**2020 NF PE RVU:**  
**2020 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2012

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

**Result:** Deleted from CPT

# Status Report: CMS Requests and Relativity Assessment Issues

**44970** Laparoscopy, surgical, appendectomy **Global:** 090 **Issue:** Laproscopic Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

**Most Recent** **Tab** 26 **Specialty Developing** ACS **First** **2019 est**  
**RUC Meeting:** October 2008 **Recommendation:** **Identified:** October 2008 **Medicare**  
**Utilization:** 22,448

**2007 Work RVU:** 9.35 **2020 Work RVU:** 9.45  
**2007 NF PE RVU:** NA **2020 NF PE RVU:** NA  
**2007 Fac PE RVU:** 4.11 **2020 Fac PE RVU:** 5.82  
**Result:** Remove from Screen

**RUC Recommendation:** Remove from screen

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

**45170** Deleted from CPT **Global:** **Issue:** Rectal Tumor Excision **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent** **Tab** 11 **Specialty Developing** ACS, **First** **2019 est**  
**RUC Meeting:** February 2009 **Recommendation:** ASCRS, **Identified:** September 2007 **Medicare**  
**Utilization:**

**2007 Work RVU:** 12.48 **2020 Work RVU:**  
**2007 NF PE RVU:** NA **2020 NF PE RVU:**  
**2007 Fac PE RVU:** 5.28 **2020 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2008  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**45171** Excision of rectal tumor, transanal approach; not including muscularis propria (ie, partial thickness) **Global:** 090 **Issue:** Rectal Tumor Excision **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent** **Tab** 11 **Specialty Developing** ACS, **First** **2019 est**  
**RUC Meeting:** February 2009 **Recommendation:** ASCRS, **Identified:** September 2007 **Medicare**  
**Utilization:** 2,516

**2007 Work RVU:** **2020 Work RVU:** 8.13  
**2007 NF PE RVU:** **2020 NF PE RVU:** NA  
**2007 Fac PE RVU:** **2020 Fac PE RVU:** 7.86  
**Result:** Decrease

**RUC Recommendation:** 8.00

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

**45172** Excision of rectal tumor, transanal approach; including muscularis propria (ie, full thickness) **Global:** 090 **Issue:** Rectal Tumor Excision **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent** **Tab** 11 **Specialty Developing** ACS, **First** **2019 est**  
**RUC Meeting:** February 2009 **Recommendation:** ASCRS, **Identified:** September 2007 **Medicare**  
**Utilization:** 1,918

**2007 Work RVU:** **2020 Work RVU:** 12.13  
**2007 NF PE RVU:** **2020 NF PE RVU:** NA  
**2007 Fac PE RVU:** **2020 Fac PE RVU:** 9.36  
**Result:** Decrease

**RUC Recommendation:** 12.00

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

# Status Report: CMS Requests and Relativity Assessment Issues

<b>45300</b>	<b>Proctosigmoidoscopy, rigid; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)</b>	<b>Global:</b> 000	<b>Issue:</b> Diagnostic Proctosigmoidoscopy - Rigid	<b>Screen:</b> CMS 000-Day Global Typically Reported with an E/M	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2017	<b>Tab</b> 13	<b>Specialty Developing Recommendation:</b> ACS, ASCRS, SAGES	<b>First Identified:</b> July 2016	<b>2019 est Medicare Utilization:</b> 23,267	<b>2007 Work RVU:</b> 0.38 <b>2007 NF PE RVU:</b> 1.63 <b>2007 Fac PE RVU:</b> 0.3 <b>Result:</b> Maintain <b>2020 Work RVU:</b> 0.80 <b>2020 NF PE RVU:</b> 2.61 <b>2020 Fac PE RVU:</b> 0.47
<b>RUC Recommendation:</b> 0.80			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
<hr/>					
<b>45330</b>	<b>Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)</b>	<b>Global:</b> 000	<b>Issue:</b> Flexible Sigmoidoscopy	<b>Screen:</b> Harvard Valued - Utilization over 30,000 / MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2013	<b>Tab</b> 06	<b>Specialty Developing Recommendation:</b> ACG, ACS, AGA, ASGE, ASCRS, SAGES	<b>First Identified:</b> April 2011	<b>2019 est Medicare Utilization:</b> 50,795	<b>2007 Work RVU:</b> 0.96 <b>2007 NF PE RVU:</b> 2.33 <b>2007 Fac PE RVU:</b> 0.53 <b>Result:</b> Decrease <b>2020 Work RVU:</b> 0.84 <b>2020 NF PE RVU:</b> 4.03 <b>2020 Fac PE RVU:</b> 0.66
<b>RUC Recommendation:</b> 0.84			<b>Referred to CPT</b> May 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
<hr/>					
<b>45331</b>	<b>Sigmoidoscopy, flexible; with biopsy, single or multiple</b>	<b>Global:</b> 000	<b>Issue:</b> Flexible Sigmoidoscopy	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2013	<b>Tab</b> 06	<b>Specialty Developing Recommendation:</b> ACG, ACS, AGA, ASGE, ASCRS, SAGES	<b>First Identified:</b> September 2011	<b>2019 est Medicare Utilization:</b> 36,318	<b>2007 Work RVU:</b> 1.15 <b>2007 NF PE RVU:</b> 3.11 <b>2007 Fac PE RVU:</b> 0.64 <b>Result:</b> Decrease <b>2020 Work RVU:</b> 1.14 <b>2020 NF PE RVU:</b> 6.56 <b>2020 Fac PE RVU:</b> 0.79
<b>RUC Recommendation:</b> 1.14			<b>Referred to CPT</b> May 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	

# Status Report: CMS Requests and Relativity Assessment Issues

<b>45332</b>	<b>Sigmoidoscopy, flexible; with removal of foreign body(s)</b>	<b>Global:</b> 000	<b>Issue:</b> Flexible Sigmoidoscopy	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2013	<b>Tab</b> 06 <b>Specialty Developing Recommendation:</b> ACG, ACS, AGA, ASGE, ASCRS, SAGES	<b>First Identified:</b> September 2011	<b>2019 est Medicare Utilization:</b> 353	<b>2007 Work RVU:</b> 1.79 <b>2007 NF PE RVU:</b> 5.15 <b>2007 Fac PE RVU:</b> 0.86	<b>2020 Work RVU:</b> 1.76 <b>2020 NF PE RVU:</b> 5.54 <b>2020 Fac PE RVU:</b> 1.04
<b>RUC Recommendation:</b> 1.85	<b>Referred to CPT</b> May 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease		

<b>45333</b>	<b>Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps</b>	<b>Global:</b> 000	<b>Issue:</b> Flexible Sigmoidoscopy	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2013	<b>Tab</b> 06 <b>Specialty Developing Recommendation:</b> ACG, ACS, AGA, ASGE, ASCRS, SAGES	<b>First Identified:</b> September 2011	<b>2019 est Medicare Utilization:</b> 734	<b>2007 Work RVU:</b> 1.79 <b>2007 NF PE RVU:</b> 5.06 <b>2007 Fac PE RVU:</b> 0.85	<b>2020 Work RVU:</b> 1.55 <b>2020 NF PE RVU:</b> 7.15 <b>2020 Fac PE RVU:</b> 0.94
<b>RUC Recommendation:</b> 1.65	<b>Referred to CPT</b> May 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease		

<b>45334</b>	<b>Sigmoidoscopy, flexible; with control of bleeding, any method</b>	<b>Global:</b> 000	<b>Issue:</b> Flexible Sigmoidoscopy	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2013	<b>Tab</b> 06 <b>Specialty Developing Recommendation:</b> ACG, ACS, AGA, ASGE, ASCRS, SAGES	<b>First Identified:</b> September 2011	<b>2019 est Medicare Utilization:</b> 3,411	<b>2007 Work RVU:</b> 2.73 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 1.24	<b>2020 Work RVU:</b> 2.00 <b>2020 NF PE RVU:</b> 12.80 <b>2020 Fac PE RVU:</b> 1.15
<b>RUC Recommendation:</b> 2.10	<b>Referred to CPT</b> May 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease		

## Status Report: CMS Requests and Relativity Assessment Issues

**45335** Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

**Most Recent** **Tab** 06 **Specialty Developing** ACG, ACS, **First** **2019 est** **2007 Work RVU:** 1.46 **2020 Work RVU:** 1.04  
**RUC Meeting:** October 2013 **Recommendation:** AGA, ASGE, **Identified:** September 2011 **Medicare** **2007 NF PE RVU:** 3.74 **2020 NF PE RVU:** 6.41  
 ASCRS, **Utilization:** 3,141 **2007 Fac PE RVU** 0.75 **2020 Fac PE RVU:**0.74  
 SAGES

**RUC Recommendation:** 1.15

**Referred to CPT** May 2013

**Result:** Decrease

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

**45337** Sigmoidoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

**Most Recent** **Tab** 06 **Specialty Developing** ACG, ACS, **First** **2019 est** **2007 Work RVU:** 2.36 **2020 Work RVU:** 2.10  
**RUC Meeting:** October 2013 **Recommendation:** AGA, ASGE, **Identified:** September 2011 **Medicare** **2007 NF PE RVU:** NA **2020 NF PE RVU:** NA  
 ASCRS, **Utilization:** 1,691 **2007 Fac PE RVU** 1.06 **2020 Fac PE RVU:**0.97  
 SAGES

**RUC Recommendation:** 2.20

**Referred to CPT** May 2013

**Result:** Decrease

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

**45338** Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

**Most Recent** **Tab** 06 **Specialty Developing** ACG, ACS, **First** **2019 est** **2007 Work RVU:** 2.34 **2020 Work RVU:** 2.05  
**RUC Meeting:** October 2013 **Recommendation:** AGA, ASGE, **Identified:** September 2011 **Medicare** **2007 NF PE RVU:** 5.37 **2020 NF PE RVU:** 5.76  
 ASCRS, **Utilization:** 5,383 **2007 Fac PE RVU** 1.07 **2020 Fac PE RVU:**1.16  
 SAGES

**RUC Recommendation:** 2.15

**Referred to CPT** May 2013

**Result:** Decrease

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

## Status Report: CMS Requests and Relativity Assessment Issues

**45339** Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique **Global:** **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

**Most Recent RUC Meeting:** October 2013

**Tab** 06

**Specialty Developing Recommendation:**

ACG, ACS, AGA, ASGE, ASCRS, SAGES

**First Identified:** September 2011

**2019 est Medicare Utilization:**

**2007 Work RVU:** 3.14  
**2007 NF PE RVU:** 4.03  
**2007 Fac PE RVU:** 1.38

**2020 Work RVU:**  
**2020 NF PE RVU:**  
**2020 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** May 2013

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

**Result:** Deleted from CPT

**45340** Sigmoidoscopy, flexible; with transendoscopic balloon dilation

**Global:** 000

**Issue:** Flexible Sigmoidoscopy

**Screen:** MPC List

**Complete?** Yes

**Most Recent RUC Meeting:** October 2013

**Tab** 06

**Specialty Developing Recommendation:**

ACG, ACS, AGA, ASGE, ASCRS, SAGES

**First Identified:** September 2011

**2019 est Medicare Utilization:** 1,316

**2007 Work RVU:** 1.89  
**2007 NF PE RVU:** 7.18  
**2007 Fac PE RVU:** 0.89

**2020 Work RVU:** 1.25  
**2020 NF PE RVU:** 11.51  
**2020 Fac PE RVU:** 0.83

**RUC Recommendation:** 1.35

**Referred to CPT** May 2013

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

**Result:** Decrease

**45341** Sigmoidoscopy, flexible; with endoscopic ultrasound examination

**Global:** 000

**Issue:** Flexible Sigmoidoscopy

**Screen:** MPC List

**Complete?** Yes

**Most Recent RUC Meeting:** January 2014

**Tab** 09

**Specialty Developing Recommendation:**

AGA, ASGE, ACG, ASCRS, SAGES, ACS

**First Identified:** September 2011

**2019 est Medicare Utilization:** 2,713

**2007 Work RVU:** 2.60  
**2007 NF PE RVU:** NA  
**2007 Fac PE RVU:** 1.17

**2020 Work RVU:** 2.12  
**2020 NF PE RVU:** NA  
**2020 Fac PE RVU:** 1.21

**RUC Recommendation:** 2.43

**Referred to CPT** October 2013

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

**Result:** Increase



## Status Report: CMS Requests and Relativity Assessment Issues

**45342** Sigmoidoscopy, flexible; with transendoscopic ultrasound guided intramural or Global: 000 Issue: Flexible Sigmoidoscopy Screen: MPC List Complete? Yes  
transmural fine needle aspiration/biopsy(s)

Most Recent Tab 09 Specialty Developing AGA, ASGE, First 2019 est 2007 Work RVU: 4.05 2020 Work RVU: 2.98  
RUC Meeting: January 2014 Recommendation: ACG, Identified: September 2011 Medicare 2007 NF PE RVU: NA 2020 NF PE RVU: NA  
ASCERS, Utilization: 374 2007 Fac PE RVU 1.71 2020 Fac PE RVU:1.59  
SAGES, ACS

RUC Recommendation: 3.08

Referred to CPT October 2013

Result: Decrease

Referred to CPT Asst ☐ Published in CPT Asst:

**45345** Sigmoidoscopy, flexible; with transendoscopic stent placement (includes Global: Issue: Flexible Sigmoidoscopy Screen: MPC List Complete? Yes  
predilation)

Most Recent Tab 06 Specialty Developing ACG, ACS, First 2019 est 2007 Work RVU: 2.92 2020 Work RVU:  
RUC Meeting: October 2013 Recommendation: AGA, ASGE, Identified: September 2011 Medicare 2007 NF PE RVU: NA 2020 NF PE RVU:  
ASCERS, Utilization: 2007 Fac PE RVU 1.26 2020 Fac PE RVU:  
SAGES

RUC Recommendation: Deleted from CPT

Referred to CPT May 2013

Result: Deleted from CPT

Referred to CPT Asst ☐ Published in CPT Asst:

**45346** Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) Global: 000 Issue: Flexible Sigmoidoscopy Screen: MPC List Complete? Yes  
(includes pre- and post-dilation and guide wire passage, when performed)

Most Recent Tab 06 Specialty Developing ACG, ACS, First 2019 est 2007 Work RVU: 2.81 2020 Work RVU: 2.81  
RUC Meeting: October 2013 Recommendation: AGA, ASGE, Identified: May 2013 Medicare 2007 NF PE RVU: 75.13 2020 NF PE RVU: 75.13  
ASCERS, Utilization: 1,183 2007 Fac PE RVU 2020 Fac PE RVU:1.49  
SAGES

RUC Recommendation: 2.97

Referred to CPT May 2013

Result: Decrease

Referred to CPT Asst ☐ Published in CPT Asst:

## Status Report: CMS Requests and Relativity Assessment Issues

**45347** Sigmoidoscopy, flexible; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed) **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

**Most Recent RUC Meeting:** October 2013

**Tab** 06

**Specialty Developing Recommendation:**

ACG, ACS, AGA, ASGE, ASCRS, SAGES

**First Identified:** May 2013

**2019 est Medicare Utilization:** 637

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

**2020 Work RVU:** 2.72  
**2020 NF PE RVU:** NA  
**2020 Fac PE RVU:**1.42

**RUC Recommendation:** 2.98

**Referred to CPT** May 2013

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

**Result:** Decrease

**45349** Sigmoidoscopy, flexible; with endoscopic mucosal resection

**Global:** 000

**Issue:** Flexible Sigmoidoscopy

**Screen:** MPC List

**Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab** 13

**Specialty Developing Recommendation:**

AGA, ASGE, ACG, ASCRS, SAGES, ACS

**First Identified:** January 2014

**2019 est Medicare Utilization:** 632

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

**2020 Work RVU:** 3.52  
**2020 NF PE RVU:** NA  
**2020 Fac PE RVU:**1.82

**RUC Recommendation:** 3.83

**Referred to CPT** October 2013

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

**Result:** Decrease

**45350** Sigmoidoscopy, flexible; with band ligation(s) (eg, hemorrhoids)

**Global:** 000

**Issue:** Flexible Sigmoidoscopy

**Screen:** MPC List

**Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab** 13

**Specialty Developing Recommendation:**

AGA, ASGE, ACG, ASCRS, SAGES, ACS

**First Identified:** January 2014

**2019 est Medicare Utilization:** 1,214

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

**2020 Work RVU:** 1.68  
**2020 NF PE RVU:** 15.91  
**2020 Fac PE RVU:**1.02

**RUC Recommendation:** 1.78

**Referred to CPT** October 2013

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

**Result:** Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

**45355** Colonoscopy, rigid or flexible, transabdominal via colotomy, single or multiple **Global:** **Issue:** Colonoscopy via stoma **Screen:** MPC List **Complete?** Yes

**Most Recent** **Tab** 08 **Specialty Developing** AGA, ASGE, **First** **2019 est** **2007 Work RVU:** 3.51 **2020 Work RVU:**  
**RUC Meeting:** January 2014 **Recommendation:** ACG, **Identified:** September 2011 **Medicare** **2007 NF PE RVU:** NA **2020 NF PE RVU:**  
 ASCRS, **Utilization:** **2007 Fac PE RVU** 1.43 **2020 Fac PE RVU:**  
 SAGES, ACS

**RUC Recommendation:** Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**45378** Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure) **Global:** 000 **Issue:** Colonoscopy **Screen:** CMS High Expenditure Procedural Codes1 / MPC List **Complete?** Yes

**Most Recent** **Tab** 10 **Specialty Developing** AGA, ASGE, **First** **2019 est** **2007 Work RVU:** 3.69 **2020 Work RVU:** 3.26  
**RUC Meeting:** January 2014 **Recommendation:** ACG, **Identified:** September 2011 **Medicare** **2007 NF PE RVU:** 6.2 **2020 NF PE RVU:** 5.75  
 ASCRS, **Utilization:** 345,987 **2007 Fac PE RVU** 1.57 **2020 Fac PE RVU:**1.68  
 ACS, SAGES

**RUC Recommendation:** 3.36 **Referred to CPT** October 2013 **Result:** Decrease  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**45379** Colonoscopy, flexible; with removal of foreign body(s) **Global:** 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

**Most Recent** **Tab** 10 **Specialty Developing** AGA, ASGE, **First** **2019 est** **2007 Work RVU:** 4.68 **2020 Work RVU:** 4.28  
**RUC Meeting:** January 2014 **Recommendation:** ACG, **Identified:** September 2011 **Medicare** **2007 NF PE RVU:** 7.78 **2020 NF PE RVU:** 7.36  
 ASCRS, **Utilization:** 930 **2007 Fac PE RVU** 1.92 **2020 Fac PE RVU:**2.12  
 ACS, SAGES

**RUC Recommendation:** 4.37 **Referred to CPT** October 2013 **Result:** Decrease  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

<b>45380</b>	Colonoscopy, flexible; with biopsy, single or multiple	Global: 000	Issue: Colonoscopy	Screen: MPC List	Complete? Yes
<b>Most Recent RUC Meeting:</b> January 2014	<b>Tab 10</b>	<b>Specialty Developing Recommendation:</b> AGA, ASGE, ACG, ASCRS, ACS, SAGES	<b>First Identified:</b> October 2010	<b>2019 est Medicare Utilization:</b> 1,054,879	<b>2007 Work RVU:</b> 4.43 <b>2007 NF PE RVU:</b> 7.33 <b>2007 Fac PE RVU:</b> 1.87 <b>2020 Work RVU:</b> 3.56 <b>2020 NF PE RVU:</b> 8.16 <b>2020 Fac PE RVU:</b> 1.82
<b>RUC Recommendation:</b> 3.66			<b>Referred to CPT</b> October 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease

<b>45381</b>	Colonoscopy, flexible; with directed submucosal injection(s), any substance	Global: 000	Issue: Colonoscopy	Screen: CMS Fastest Growing / MPC List / Codes Reported Together 75%or More-Part4	Complete? Yes
<b>Most Recent RUC Meeting:</b> January 2018	<b>Tab 31</b>	<b>Specialty Developing Recommendation:</b> AGA, ASGE, ACG, ASCRS, ACS, SAGES	<b>First Identified:</b> October 2008	<b>2019 est Medicare Utilization:</b> 82,892	<b>2007 Work RVU:</b> 4.19 <b>2007 NF PE RVU:</b> 7.26 <b>2007 Fac PE RVU:</b> 1.79 <b>2020 Work RVU:</b> 3.56 <b>2020 NF PE RVU:</b> 8.07 <b>2020 Fac PE RVU:</b> 1.82
<b>RUC Recommendation:</b> 3.67			<b>Referred to CPT</b> October 2013 <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Jun 2010	<b>Result:</b> Decrease

<b>45382</b>	Colonoscopy, flexible; with control of bleeding, any method	Global: 000	Issue: Colonoscopy	Screen: MPC List	Complete? Yes
<b>Most Recent RUC Meeting:</b> January 2014	<b>Tab 10</b>	<b>Specialty Developing Recommendation:</b> AGA, ASGE, ACG, ASCRS, ACS, SAGES	<b>First Identified:</b> September 2011	<b>2019 est Medicare Utilization:</b> 24,121	<b>2007 Work RVU:</b> 5.68 <b>2007 NF PE RVU:</b> 10.04 <b>2007 Fac PE RVU:</b> 2.37 <b>2020 Work RVU:</b> 4.66 <b>2020 NF PE RVU:</b> 14.85 <b>2020 Fac PE RVU:</b> 2.31
<b>RUC Recommendation:</b> 4.76			<b>Referred to CPT</b> October 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

**45383** Colonoscopy, flexible; proximal to splenic flexure; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique **Global:** **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

**Most Recent RUC Meeting:** January 2014

**Tab** 10

**Specialty Developing Recommendation:**

AGA, ASGE, ACG, ASCRS, ACS, SAGES

**First Identified:** September 2011

**2019 est Medicare Utilization:**

**2007 Work RVU:** 5.86

**2007 NF PE RVU:** 8.08

**2007 Fac PE RVU** 2.34

**2020 Work RVU:**

**2020 NF PE RVU:**

**2020 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2013

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

**Result:** Deleted from CPT

**45384** Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps **Global:** 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

**Most Recent RUC Meeting:** January 2014

**Tab** 10

**Specialty Developing Recommendation:**

AGA, ASGE, ACG, ASCRS, ACS, SAGES

**First Identified:** September 2011

**2019 est Medicare Utilization:** 77,739

**2007 Work RVU:** 4.69

**2007 NF PE RVU:** 6.9

**2007 Fac PE RVU** 1.93

**2020 Work RVU:** 4.07

**2020 NF PE RVU:** 8.90

**2020 Fac PE RVU:** 1.97

**RUC Recommendation:** 4.17

**Referred to CPT** October 2013

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

**Result:** Decrease

**45385** Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique **Global:** 000 **Issue:** Colonoscopy **Screen:** MPC List / Codes Reported Together 75%or More-Part4 / CMS Request - Final Rule for 2019 **Complete?** Yes

**Most Recent RUC Meeting:** April 2019

**Tab** 13

**Specialty Developing Recommendation:**

AGA, ASGE, ACG, ASCRS, SAGES

**First Identified:** October 2010

**2019 est Medicare Utilization:** 971,282

**2007 Work RVU:** 5.30

**2007 NF PE RVU:** 7.94

**2007 Fac PE RVU** 2.18

**2020 Work RVU:** 4.57

**2020 NF PE RVU:** 7.58

**2020 Fac PE RVU:** 2.26

**RUC Recommendation:** 4.57

**Referred to CPT** October 2013

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

**Result:** Maintain

## Status Report: CMS Requests and Relativity Assessment Issues

<b>45386</b>	<b>Colonoscopy, flexible; with transendoscopic balloon dilation</b>	<b>Global:</b> 000	<b>Issue:</b> Colonoscopy	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2014	<b>Tab</b> 10 <b>Specialty Developing Recommendation:</b> AGA, ASGE, ACG, ASCRS, ACS, SAGES	<b>First Identified:</b> September 2011	<b>2019 est Medicare Utilization:</b> 2,321	<b>2007 Work RVU:</b> 4.57 <b>2007 NF PE RVU:</b> 12.37 <b>2007 Fac PE RVU:</b> 1.89	<b>2020 Work RVU:</b> 3.77 <b>2020 NF PE RVU:</b> 13.20 <b>2020 Fac PE RVU:</b> 1.90
<b>RUC Recommendation:</b> 3.87	<b>Referred to CPT</b> October 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>	<b>Result:</b> Decrease			

<b>45387</b>	<b>Colonoscopy, flexible, proximal to splenic flexure; with transendoscopic stent placement (includes predilation)</b>	<b>Global:</b>	<b>Issue:</b> Colonoscopy	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2014	<b>Tab</b> 10 <b>Specialty Developing Recommendation:</b> AGA, ASGE, ACG, ASCRS, ACS, SAGES	<b>First Identified:</b> September 2011	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> 5.90 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 2.49	<b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT	<b>Referred to CPT</b> October 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>	<b>Result:</b> Deleted from CPT			

<b>45388</b>	<b>Colonoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)</b>	<b>Global:</b> 000	<b>Issue:</b> Colonoscopy	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2014	<b>Tab</b> 10 <b>Specialty Developing Recommendation:</b> AGA, ASGE, ACG, ASCRS, ACS, SAGES	<b>First Identified:</b> January 2014	<b>2019 est Medicare Utilization:</b> 26,744	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b>	<b>2020 Work RVU:</b> 4.88 <b>2020 NF PE RVU:</b> 77.42 <b>2020 Fac PE RVU:</b> 2.35
<b>RUC Recommendation:</b> 4.98	<b>Referred to CPT</b> October 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>	<b>Result:</b> Decrease			

## Status Report: CMS Requests and Relativity Assessment Issues

<b>45389</b>	Colonoscopy, flexible; with endoscopic stent placement (includes pre- and post-dilation and guide wire passage, when performed)	<b>Global:</b> 000	<b>Issue:</b> Colonoscopy	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2014	<b>Tab</b> 10 <b>Specialty Developing Recommendation:</b> AGA, ASGE, ACG, ASCRS, ACS, SAGES	<b>First Identified:</b> January 2014	<b>2019 est Medicare Utilization:</b> 420	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU</b>	<b>2020 Work RVU:</b> 5.24 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 2.53
<b>RUC Recommendation:</b> 5.50	<b>Referred to CPT</b> October 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>	<b>Result:</b> Decrease			
<b>45390</b>	Colonoscopy, flexible; with endoscopic mucosal resection	<b>Global:</b> 000	<b>Issue:</b> Colonoscopy	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2014	<b>Tab</b> 10 <b>Specialty Developing Recommendation:</b> AGA, ASGE, ACG, ASCRS, ACS, SAGES	<b>First Identified:</b> January 2014	<b>2019 est Medicare Utilization:</b> 23,129	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU</b>	<b>2020 Work RVU:</b> 6.04 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 2.92
<b>RUC Recommendation:</b> 6.35	<b>Referred to CPT</b> October 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>	<b>Result:</b> Decrease			
<b>45391</b>	Colonoscopy, flexible; with endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures	<b>Global:</b> 000	<b>Issue:</b> Colonoscopy	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2014	<b>Tab</b> 10 <b>Specialty Developing Recommendation:</b> AGA, ASGE, ACG, ASCRS, ACS, SAGES	<b>First Identified:</b> September 2011	<b>2019 est Medicare Utilization:</b> 932	<b>2007 Work RVU:</b> 5.09 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU</b> 2.13	<b>2020 Work RVU:</b> 4.64 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 2.30
<b>RUC Recommendation:</b> 4.95	<b>Referred to CPT</b> October 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>	<b>Result:</b> Decrease			

## Status Report: CMS Requests and Relativity Assessment Issues

<b>45392</b>	Colonoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures	<b>Global:</b> 000	<b>Issue:</b> Colonoscopy	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2014	<b>Tab</b> 10	<b>Specialty Developing Recommendation:</b> AGA, ASGE, ACG, ASCRS, ACS, SAGES	<b>First Identified:</b> September 2011	<b>2019 est Medicare Utilization:</b> 86	<b>2007 Work RVU:</b> 6.54 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 2.65 <b>2020 Work RVU:</b> 5.50 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 2.68
<b>RUC Recommendation:</b> 5.60			<b>Referred to CPT</b> October 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>	<b>Result:</b> Decrease	
<b>45393</b>	Colonoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed	<b>Global:</b> 000	<b>Issue:</b> Colonoscopy	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2014	<b>Tab</b> 10	<b>Specialty Developing Recommendation:</b> AGA, ASGE, ACG, ASCRS, ACS, SAGES	<b>First Identified:</b> January 2014	<b>2019 est Medicare Utilization:</b> 2,112	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>2020 Work RVU:</b> 4.68 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 2.05
<b>RUC Recommendation:</b> 4.78			<b>Referred to CPT</b> October 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>	<b>Result:</b> Decrease	
<b>45398</b>	Colonoscopy, flexible; with band ligation(s) (eg, hemorrhoids)	<b>Global:</b> 000	<b>Issue:</b> Colonoscopy	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2014	<b>Tab</b> 10	<b>Specialty Developing Recommendation:</b> AGA, ASGE, ACG, ASCRS, ACS, SAGES	<b>First Identified:</b> January 2014	<b>2019 est Medicare Utilization:</b> 3,509	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>2020 Work RVU:</b> 4.20 <b>2020 NF PE RVU:</b> 17.55 <b>2020 Fac PE RVU:</b> 2.01
<b>RUC Recommendation:</b> 4.30			<b>Referred to CPT</b> October 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>	<b>Result:</b> Decrease	



## Status Report: CMS Requests and Relativity Assessment Issues

### 46020 Placement of seton

Global: 010

Issue: Placement/Removal of Seton

Screen: 010-Day Global Post-Operative Visits2

Complete? No

Most Recent  
RUC Meeting: January 2020

Tab 37

Specialty Developing  
Recommendation:

First  
Identified: October 2019

2019 est  
Medicare  
Utilization: 1,325

2007 Work RVU: 2.94

2020 Work RVU: 3.00

2007 NF PE RVU: 2.56

2020 NF PE RVU: 4.57

2007 Fac PE RVU 1.98

2020 Fac PE RVU:3.29

Result:

RUC Recommendation: Survey

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

### 46030 Removal of anal seton, other marker

Global: 010

Issue: Placement/Removal of Seton

Screen: 010-Day Global Post-Operative Visits2

Complete? No

Most Recent  
RUC Meeting:

Tab

Specialty Developing  
Recommendation:

First  
Identified: April 2020

2019 est  
Medicare  
Utilization: 339

2007 Work RVU: 1.24

2020 Work RVU: 1.26

2007 NF PE RVU:

2020 NF PE RVU: 2.65

2007 Fac PE RVU

2020 Fac PE RVU:1.11

Result:

RUC Recommendation: Survey

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

### 46200 Fissurectomy, including sphincterotomy, when performed

Global: 090

Issue: Fissurectomy

Screen: Site of Service Anomaly (99238-Only)

Complete? Yes

Most Recent  
RUC Meeting: September 2007

Tab 16

Specialty Developing ACS  
Recommendation:

First  
Identified: September 2007

2019 est  
Medicare  
Utilization: 992

2007 Work RVU: 3.48

2020 Work RVU: 3.59

2007 NF PE RVU: 4.46

2020 NF PE RVU: 9.04

2007 Fac PE RVU 3.08

2020 Fac PE RVU:5.33

Result: PE Only

RUC Recommendation: Reduce 99238 to 0.5

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

# Status Report: CMS Requests and Relativity Assessment Issues

**46500** Injection of sclerosing solution, hemorrhoids **Global:** 010 **Issue:** Hemorrhoid Injection **Screen:** 010-Day Global Post-Operative Visits / Negative IWPUT **Complete?** Yes

**Most Recent RUC Meeting:** January 2018 **Tab** 24 **Specialty Developing Recommendation:** ACS, ASCRS (colon) **First Identified:** January 2014 **2019 est Medicare Utilization:** 12,575 **2007 Work RVU:** 1.64 **2020 Work RVU:** 1.74 **2007 NF PE RVU:** 2.48 **2020 NF PE RVU:** 6.53 **2007 Fac PE RVU:** 1.18 **2020 Fac PE RVU:** 3.19 **RUC Recommendation:** 2.00 **Result:** Increase

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

**47011** Hepatotomy; for percutaneous drainage of abscess or cyst, 1 or 2 stages **Global:** **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** January 2013 **Tab** 04 **Specialty Developing Recommendation:** **First Identified:** January 2012 **2019 est Medicare Utilization:** **2007 Work RVU:** 3.69 **2020 Work RVU:** **2007 NF PE RVU:** NA **2020 NF PE RVU:** **2007 Fac PE RVU:** 1.17 **2020 Fac PE RVU:** **RUC Recommendation:** Deleted from CPT **Result:** Deleted from CPT

**Referred to CPT** October 2012  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**47135** Liver allotransplantation, orthotopic, partial or whole, from cadaver or living donor, any age **Global:** 090 **Issue:** Liver Allotransplantation **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

**Most Recent RUC Meeting:** September 2014 **Tab** 14 **Specialty Developing Recommendation:** ACS, ASTS **First Identified:** January 2014 **2019 est Medicare Utilization:** 1,590 **2007 Work RVU:** 83.29 **2020 Work RVU:** 90.00 **2007 NF PE RVU:** NA **2020 NF PE RVU:** NA **2007 Fac PE RVU:** 30.59 **2020 Fac PE RVU:** 45.00 **RUC Recommendation:** 91.78 **Result:** Increase

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

## Status Report: CMS Requests and Relativity Assessment Issues

<b>47136</b>	Liver allotransplantation; heterotopic, partial or whole, from cadaver or living donor, any age	<b>Global:</b>	<b>Issue:</b> RAW	<b>Screen:</b> 090-Day Global Post-Operative Visits	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 52	<b>Specialty Developing Recommendation:</b> ACS, ASTS	<b>First Identified:</b> April 2014	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> 70.39 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 26.2 <b>Result:</b> Deleted from CPT
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> October 2014	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>
<b>47382</b>	Ablation, 1 or more liver tumor(s), percutaneous, radiofrequency	<b>Global:</b> 010	<b>Issue:</b> Interventional Radiology Procedures	<b>Screen:</b> CMS Request - Practice Expense Review	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2008	<b>Tab</b> 13	<b>Specialty Developing Recommendation:</b> ACR, SIR	<b>First Identified:</b> NA	<b>2019 est Medicare Utilization:</b> 3,121	<b>2007 Work RVU:</b> 15.19 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 5.83 <b>Result:</b> PE Only
<b>RUC Recommendation:</b> New PE Inputs			<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>
<b>47490</b>	Cholecystostomy, percutaneous, complete procedure, including imaging guidance, catheter placement, cholecystogram when performed, and radiological supervision and interpretation	<b>Global:</b> 010	<b>Issue:</b> Cholecystostomy	<b>Screen:</b> CMS Fastest Growing	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2009	<b>Tab</b> 04	<b>Specialty Developing Recommendation:</b> ACR	<b>First Identified:</b> October 2008	<b>2019 est Medicare Utilization:</b> 12,075	<b>2007 Work RVU:</b> 8.05 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 5.32 <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 4.76			<b>Referred to CPT</b> June 2009	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>

## Status Report: CMS Requests and Relativity Assessment Issues

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<b>47500</b>	<b>Injection procedure for percutaneous transhepatic cholangiography</b>	<b>Global:</b>	<b>Issue:</b> Percutaneous Biliary Procedures Bundling	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> October 2015	<b>Tab</b> 06	<b>Specialty Developing Recommendation:</b> ACR, SIR
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<b>First Identified:</b> October 2012
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<b>2019 est Medicare Utilization:</b>
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<b>2007 Work RVU:</b> 1.96
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<b>2020 Work RVU:</b>
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<b>2007 NF PE RVU:</b> NA
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<b>2020 NF PE RVU:</b>
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<b>2007 Fac PE RVU</b> 0.62
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<b>2020 Fac PE RVU:</b>
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<b>RUC Recommendation:</b> Deleted from CPT
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<b>Referred to CPT</b> February 2015
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<b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>
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<b>Result:</b> Deleted from CPT
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<b>47505</b>	<b>Injection procedure for cholangiography through an existing catheter (eg, percutaneous transhepatic or T-tube)</b>	<b>Global:</b>	<b>Issue:</b> Percutaneous Biliary Procedures Bundling	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> October 2015	<b>Tab</b> 06	<b>Specialty Developing Recommendation:</b> ACR, SIR
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<b>First Identified:</b> October 2012
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<b>2019 est Medicare Utilization:</b>
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<b>2007 Work RVU:</b> 0.76
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<b>2020 Work RVU:</b>
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<b>2007 NF PE RVU:</b> NA
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<b>2020 NF PE RVU:</b>
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<b>2007 Fac PE RVU</b> 0.24
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<b>2020 Fac PE RVU:</b>
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<b>RUC Recommendation:</b> Deleted from CPT
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<b>Referred to CPT</b> February 2015
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<b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>
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<b>Result:</b> Deleted from CPT
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<b>47510</b>	<b>Introduction of percutaneous transhepatic catheter for biliary drainage</b>	<b>Global:</b>	<b>Issue:</b> Percutaneous Biliary Procedures Bundling	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
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<b>Most Recent RUC Meeting:</b> October 2015	<b>Tab</b> 06	<b>Specialty Developing Recommendation:</b> ACR, SIR
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<b>First Identified:</b> October 2012
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<b>2019 est Medicare Utilization:</b>
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<b>2007 Work RVU:</b> 7.94
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<b>2020 Work RVU:</b>
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<b>2007 NF PE RVU:</b> NA
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<b>2020 NF PE RVU:</b>
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<b>2007 Fac PE RVU</b> 4.76
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<b>2020 Fac PE RVU:</b>
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<b>RUC Recommendation:</b> Deleted from CPT
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<b>Referred to CPT</b> February 2015
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<b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>
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<b>Result:</b> Deleted from CPT
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# Status Report: CMS Requests and Relativity Assessment Issues

**47511** Introduction of percutaneous transhepatic stent for internal and external biliary drainage **Global:** **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** October 2015 **Tab** 06 **Specialty Developing Recommendation:** ACR, SIR

**First Identified:** October 2012

**2019 est Medicare Utilization:**

**2007 Work RVU:** 10.74

**2020 Work RVU:**

**2007 NF PE RVU:** NA

**2020 NF PE RVU:**

**2007 Fac PE RVU** 4.87

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2015

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

**47525** Change of percutaneous biliary drainage catheter

**Global:**

**Issue:** Percutaneous Biliary Procedures Bundling

**Screen:** High IWPOT

**Complete?** Yes

**Most Recent RUC Meeting:** October 2015 **Tab** 06 **Specialty Developing Recommendation:** ACR, SIR

**First Identified:** February 2008

**2019 est Medicare Utilization:**

**2007 Work RVU:** 5.55

**2020 Work RVU:**

**2007 NF PE RVU:** 14.8

**2020 NF PE RVU:**

**2007 Fac PE RVU** 2.67

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2015

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

**47530** Revision and/or reinsertion of transhepatic tube

**Global:**

**Issue:** Percutaneous Biliary Procedures Bundling

**Screen:** Codes Reported Together 75% or More-Part2

**Complete?** Yes

**Most Recent RUC Meeting:** October 2015 **Tab** 06 **Specialty Developing Recommendation:** ACR, SIR

**First Identified:** February 2015

**2019 est Medicare Utilization:**

**2007 Work RVU:** 5.96

**2020 Work RVU:**

**2007 NF PE RVU:** 32.56

**2020 NF PE RVU:**

**2007 Fac PE RVU** 3.53

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2015

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

## Status Report: CMS Requests and Relativity Assessment Issues

**47531** Injection procedure for cholangiography, percutaneous, complete diagnostic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; existing access **Global:** 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** October 2015

**Tab 04 Specialty Developing Recommendation:** ACR, SIR

**First Identified:** February 2015

**2019 est Medicare Utilization:** 8,621

**2007 Work RVU:**

**2020 Work RVU:** 1.30

**2007 NF PE RVU:**

**2020 NF PE RVU:** 9.58

**2007 Fac PE RVU**

**2020 Fac PE RVU:**0.63

**Result:** Increase

**RUC Recommendation:** 1.30

**Referred to CPT** February 2015

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

**47532** Injection procedure for cholangiography, percutaneous, complete diagnostic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; new access (eg, percutaneous transhepatic cholangiogram) **Global:** 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** October 2015

**Tab 04 Specialty Developing Recommendation:** ACR, SIR

**First Identified:** February 2015

**2019 est Medicare Utilization:** 549

**2007 Work RVU:**

**2020 Work RVU:** 4.25

**2007 NF PE RVU:**

**2020 NF PE RVU:** 19.49

**2007 Fac PE RVU**

**2020 Fac PE RVU:**1.51

**Result:** Increase

**RUC Recommendation:** 4.50

**Referred to CPT** February 2015

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

**47533** Placement of biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; external **Global:** 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** October 2015

**Tab 04 Specialty Developing Recommendation:** ACR, SIR

**First Identified:** February 2015

**2019 est Medicare Utilization:** 1,518

**2007 Work RVU:**

**2020 Work RVU:** 5.38

**2007 NF PE RVU:**

**2020 NF PE RVU:** 29.94

**2007 Fac PE RVU**

**2020 Fac PE RVU:**1.86

**Result:** Increase

**RUC Recommendation:** 5.63

**Referred to CPT** February 2015

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

## Status Report: CMS Requests and Relativity Assessment Issues

<b>47534</b>	Placement of biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; internal-external	<b>Global:</b> 000	<b>Issue:</b> Percutaneous Biliary Procedures Bundling	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2015	<b>Tab</b> 04 <b>Specialty Developing Recommendation:</b> ACR, SIR	<b>First Identified:</b> February 2015	<b>2019 est Medicare Utilization:</b> 4,467	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Increase	<b>2020 Work RVU:</b> 7.60 <b>2020 NF PE RVU:</b> 32.45 <b>2020 Fac PE RVU:</b> 2.53
<b>RUC Recommendation:</b> 7.85		<b>Referred to CPT</b> February 2015 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>47535</b>	Conversion of external biliary drainage catheter to internal-external biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation	<b>Global:</b> 000	<b>Issue:</b> Percutaneous Biliary Procedures Bundling	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2015	<b>Tab</b> 04 <b>Specialty Developing Recommendation:</b> ACR, SIR	<b>First Identified:</b> February 2015	<b>2019 est Medicare Utilization:</b> 438	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Increase	<b>2020 Work RVU:</b> 3.95 <b>2020 NF PE RVU:</b> 23.90 <b>2020 Fac PE RVU:</b> 1.39
<b>RUC Recommendation:</b> 4.20		<b>Referred to CPT</b> February 2015 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>47536</b>	Exchange of biliary drainage catheter (eg, external, internal-external, or conversion of internal-external to external only), percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation	<b>Global:</b> 000	<b>Issue:</b> Percutaneous Biliary Procedures Bundling	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2015	<b>Tab</b> 04 <b>Specialty Developing Recommendation:</b> ACR, SIR	<b>First Identified:</b> February 2015	<b>2019 est Medicare Utilization:</b> 14,577	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Increase	<b>2020 Work RVU:</b> 2.61 <b>2020 NF PE RVU:</b> 17.00 <b>2020 Fac PE RVU:</b> 0.99
<b>RUC Recommendation:</b> 2.86		<b>Referred to CPT</b> February 2015 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

## Status Report: CMS Requests and Relativity Assessment Issues

47537	Removal of biliary drainage catheter, percutaneous, requiring fluoroscopic guidance (eg, with concurrent indwelling biliary stents), including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation	Global: 000	Issue: Percutaneous Biliary Procedures Bundling	Screen: Codes Reported Together 75% or More-Part2	Complete? Yes
Most Recent RUC Meeting:	Tab 04 Specialty Developing Recommendation: ACR, SIR	First Identified: February 2015	2019 est Medicare Utilization: 1,737	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Increase	2020 Work RVU: 1.84 2020 NF PE RVU: 10.81 2020 Fac PE RVU:0.79
RUC Recommendation:	1.85	Referred to CPT February 2015 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
47538	Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation; existing access	Global: 000	Issue: Percutaneous Biliary Procedures Bundling	Screen: Codes Reported Together 75% or More-Part2	Complete? Yes
Most Recent RUC Meeting:	Tab 04 Specialty Developing Recommendation: ACR, SIR	First Identified: February 2015	2019 est Medicare Utilization: 1,025	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Increase	2020 Work RVU: 4.75 2020 NF PE RVU: 116.70 2020 Fac PE RVU:1.70
RUC Recommendation:	5.00	Referred to CPT February 2015 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
47539	Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation; new access, without placement of separate biliary drainage catheter	Global: 000	Issue: Percutaneous Biliary Procedures Bundling	Screen: Codes Reported Together 75% or More-Part2	Complete? Yes
Most Recent RUC Meeting:	Tab 04 Specialty Developing Recommendation: ACR, SIR	First Identified: February 2015	2019 est Medicare Utilization: 135	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Increase	2020 Work RVU: 8.75 2020 NF PE RVU: 124.83 2020 Fac PE RVU:2.78
RUC Recommendation:	9.00	Referred to CPT February 2015 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		



## Status Report: CMS Requests and Relativity Assessment Issues

<b>47540</b> Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation; new access, with placement of separate biliary drainage catheter (eg, external or internal-external)	Global: 000	Issue: Percutaneous Biliary Procedures Bundling	Screen: Codes Reported Together 75% or More-Part2	Complete? Yes
<b>Most Recent RUC Meeting:</b> October 2015	<b>Tab 04 Specialty Developing Recommendation:</b> ACR, SIR	<b>First Identified:</b> February 2015	<b>2019 est Medicare Utilization:</b> 223	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU</b> <b>Result:</b> Increase <b>2020 Work RVU:</b> 9.03 <b>2020 NF PE RVU:</b> 127.27 <b>2020 Fac PE RVU:</b> 2.98
<b>RUC Recommendation:</b> 9.28	<b>Referred to CPT</b> February 2015 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			
<b>47541</b> Placement of access through the biliary tree and into small bowel to assist with an endoscopic biliary procedure (eg, rendezvous procedure), percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation, new access	Global: 000	Issue: Percutaneous Biliary Procedures Bundling	Screen: Codes Reported Together 75% or More-Part2	Complete? Yes
<b>Most Recent RUC Meeting:</b> October 2015	<b>Tab 04 Specialty Developing Recommendation:</b> ACR, SIR	<b>First Identified:</b> February 2015	<b>2019 est Medicare Utilization:</b> 170	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU</b> <b>Result:</b> Increase <b>2020 Work RVU:</b> 6.75 <b>2020 NF PE RVU:</b> 27.27 <b>2020 Fac PE RVU:</b> 2.29
<b>RUC Recommendation:</b> 7.00	<b>Referred to CPT</b> February 2015 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			
<b>47542</b> Balloon dilation of biliary duct(s) or of ampulla (sphincteroplasty), percutaneous, including imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation, each duct (List separately in addition to code for primary procedure)	Global: ZZZ	Issue: Percutaneous Biliary Procedures Bundling	Screen: Codes Reported Together 75% or More-Part2	Complete? Yes
<b>Most Recent RUC Meeting:</b> October 2015	<b>Tab 04 Specialty Developing Recommendation:</b> ACR, SIR	<b>First Identified:</b> February 2015	<b>2019 est Medicare Utilization:</b> 1,346	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU</b> <b>Result:</b> Increase <b>2020 Work RVU:</b> 2.85 <b>2020 NF PE RVU:</b> 11.67 <b>2020 Fac PE RVU:</b> 0.85
<b>RUC Recommendation:</b> 2.85	<b>Referred to CPT</b> February 2015 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			

## Status Report: CMS Requests and Relativity Assessment Issues

**47543** Endoluminal biopsy(ies) of biliary tree, percutaneous, any method(s) (eg, brush, forceps, and/or needle), including imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation, single or multiple (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** October 2015

**Tab 04 Specialty Developing Recommendation:** ACR, SIR

**First Identified:** February 2015

**2019 est Medicare Utilization:** 692

**2007 Work RVU:**

**2020 Work RVU:** 3.00

**2007 NF PE RVU:**

**2020 NF PE RVU:** 9.92

**2007 Fac PE RVU**

**2020 Fac PE RVU:**0.94

**Result:** Increase

**RUC Recommendation:** 3.00

**Referred to CPT** February 2015

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

**47544** Removal of calculi/debris from biliary duct(s) and/or gallbladder, percutaneous, including destruction of calculi by any method (eg, mechanical, electrohydraulic, lithotripsy) when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** October 2015

**Tab 04 Specialty Developing Recommendation:** ACR, SIR

**First Identified:** February 2015

**2019 est Medicare Utilization:** 322

**2007 Work RVU:**

**2020 Work RVU:** 3.28

**2007 NF PE RVU:**

**2020 NF PE RVU:** 24.74

**2007 Fac PE RVU**

**2020 Fac PE RVU:**0.99

**Result:** Increase

**RUC Recommendation:** 3.28

**Referred to CPT** February 2015

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

**47560** Laparoscopy, surgical; with guided transhepatic cholangiography, without biopsy **Global:** **Issue:** RAW **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

**Most Recent RUC Meeting:** October 2013

**Tab 18 Specialty Developing Recommendation:**

**First Identified:** July 2013

**2019 est Medicare Utilization:**

**2007 Work RVU:** 4.88

**2020 Work RVU:**

**2007 NF PE RVU:** NA

**2020 NF PE RVU:**

**2007 Fac PE RVU** 1.57

**2020 Fac PE RVU:**

**Result:** Maintain

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**

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

## Status Report: CMS Requests and Relativity Assessment Issues

**47562** Laparoscopy, surgical; cholecystectomy

**Global:** 090 **Issue:** RAW review

**Screen:** CMS High Expenditure  
Procedural Codes1 /  
CMS Request - Final  
Rule for 2014 / Pre-Time  
Analysis

**Complete?** Yes

**Most Recent** **Tab** 21 **Specialty Developing** ACS  
**RUC Meeting:** September 2014 **Recommendation:**

**First** **2019 est**  
**Identified:** September 2011 **Medicare**  
**Utilization:** 100,881

**2007 Work RVU:** 11.63 **2020 Work RVU:** 10.47  
**2007 NF PE RVU:** NA **2020 NF PE RVU:** NA  
**2007 Fac PE RVU** 5.06 **2020 Fac PE RVU:**6.22  
**Result:** Maintain

**RUC Recommendation:** Maintain work RVU and adjust the times from pre-time package 3.

**Referred to CPT**

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

**47563** Laparoscopy, surgical; cholecystectomy with cholangiography

**Global:** 090 **Issue:** RAW review

**Screen:** CMS High Expenditure  
Procedural Codes1 /  
CMS Request - Final  
Rule for 2014

**Complete?** Yes

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

**First** **2019 est**  
**Identified:** September 2011 **Medicare**  
**Utilization:** 38,983

**2007 Work RVU:** 12.03 **2020 Work RVU:** 11.47  
**2007 NF PE RVU:** NA **2020 NF PE RVU:** NA  
**2007 Fac PE RVU** 5.24 **2020 Fac PE RVU:**6.68  
**Result:** Maintain

**RUC Recommendation:** No further action. 12.11

**Referred to CPT**

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

**47600** Cholecystectomy;

**Global:** 090 **Issue:** Cholecystectomy

**Screen:** CMS Request - Final  
Rule for 2012

**Complete?** Yes

**Most Recent** **Tab** 36 **Specialty Developing** ACS, SAGES  
**RUC Meeting:** April 2012 **Recommendation:**

**First** **2019 est**  
**Identified:** September 2011 **Medicare**  
**Utilization:** 8,195

**2007 Work RVU:** 17.35 **2020 Work RVU:** 17.48  
**2007 NF PE RVU:** NA **2020 NF PE RVU:** NA  
**2007 Fac PE RVU** 6.4 **2020 Fac PE RVU:**9.56  
**Result:** Increase

**RUC Recommendation:** 20.00

**Referred to CPT**

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

# Status Report: CMS Requests and Relativity Assessment Issues

**47605 Cholecystectomy; with cholangiography**

**Global:** 090

**Issue:** Cholecystectomy

**Screen:** CMS Request - Final Rule for 2012

**Complete?** Yes

**Most Recent RUC Meeting:** April 2012

**Tab** 36

**Specialty Developing Recommendation:** ACS, SAGES

**First Identified:** September 2011

**2019 est Medicare Utilization:** 1,408

**2007 Work RVU:** 15.90

**2020 Work RVU:** 18.48

**2007 NF PE RVU:** NA

**2020 NF PE RVU:** NA

**2007 Fac PE RVU:** 6.47

**2020 Fac PE RVU:** 9.93

**Result:** Increase

**RUC Recommendation:** 21.00

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**48102 Biopsy of pancreas, percutaneous needle**

**Global:** 010

**Issue:** Percutaneous Needle Biopsy

**Screen:** Site of Service Anomaly (99238-Only)

**Complete?** Yes

**Most Recent RUC Meeting:** September 2007

**Tab** 16

**Specialty Developing Recommendation:** SIR

**First Identified:** September 2007

**2019 est Medicare Utilization:** 960

**2007 Work RVU:** 4.68

**2020 Work RVU:** 4.70

**2007 NF PE RVU:** 8.21

**2020 NF PE RVU:** 10.29

**2007 Fac PE RVU:** 1.85

**2020 Fac PE RVU:** 1.81

**Result:** PE Only

**RUC Recommendation:** Reduce 99238 to 0.5

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**48511 External drainage, pseudocyst of pancreas; percutaneous**

**Global:**

**Issue:** Drainage of Abscess

**Screen:** Codes Reported Together 75% or More-Part2

**Complete?** Yes

**Most Recent RUC Meeting:** January 2013

**Tab** 04

**Specialty Developing Recommendation:**

**First Identified:** January 2012

**2019 est Medicare Utilization:**

**2007 Work RVU:** 3.99

**2020 Work RVU:**

**2007 NF PE RVU:** 20.43

**2020 NF PE RVU:**

**2007 Fac PE RVU:** 1.27

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2012

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

<b>49021</b>	<b>Drainage of peritoneal abscess or localized peritonitis, exclusive of appendiceal abscess; percutaneous</b>	<b>Global:</b>	<b>Issue:</b> Drainage of Abscess	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2013	<b>Tab 04</b> <b>Specialty Developing Recommendation:</b> ACR, SIR	<b>First Identified:</b> January 2012	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> 3.37 <b>2007 NF PE RVU:</b> 20.43 <b>2007 Fac PE RVU:</b> 1.07 <b>Result:</b> Deleted from CPT	<b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> October 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>49041</b>	<b>Drainage of subdiaphragmatic or subphrenic abscess; percutaneous</b>	<b>Global:</b>	<b>Issue:</b> Drainage of Abscess	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2013	<b>Tab 04</b> <b>Specialty Developing Recommendation:</b> ACR, SIR	<b>First Identified:</b> January 2012	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> 3.99 <b>2007 NF PE RVU:</b> 19.33 <b>2007 Fac PE RVU:</b> 1.27 <b>Result:</b> Deleted from CPT	<b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> October 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>49061</b>	<b>Drainage of retroperitoneal abscess; percutaneous</b>	<b>Global:</b>	<b>Issue:</b> Drainage of Abscess	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2013	<b>Tab 04</b> <b>Specialty Developing Recommendation:</b> ACR, SIR	<b>First Identified:</b> January 2012	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> 3.69 <b>2007 NF PE RVU:</b> 19.38 <b>2007 Fac PE RVU:</b> 1.17 <b>Result:</b> Deleted from CPT	<b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> October 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

# Status Report: CMS Requests and Relativity Assessment Issues

**49080** Peritoneocentesis, abdominal paracentesis, or peritoneal lavage (diagnostic or therapeutic); initial **Global:** **Issue:** Peritoneocentesis **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

**Most Recent RUC Meeting:** October 2010

**Tab** 5

**Specialty Developing Recommendation:**

ACR, AGA, ASGE, AUR, SIR

**First Identified:** October 2009

**2019 est Medicare Utilization:**

**2007 Work RVU:** 1.35

**2020 Work RVU:**

**2007 NF PE RVU:** 3.63

**2020 NF PE RVU:**

**2007 Fac PE RVU** 0.45

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** June 2010

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

**49081** Peritoneocentesis, abdominal paracentesis, or peritoneal lavage (diagnostic or therapeutic); subsequent **Global:** **Issue:** Peritoneocentesis **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

**Most Recent RUC Meeting:** October 2010

**Tab** 5

**Specialty Developing Recommendation:**

ACR, AGA, ASGE, AUR, SIR

**First Identified:** February 2010

**2019 est Medicare Utilization:**

**2007 Work RVU:** 1.26

**2020 Work RVU:**

**2007 NF PE RVU:** 2.65

**2020 NF PE RVU:**

**2007 Fac PE RVU** 0.43

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** June 2010

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

**49082** Abdominal paracentesis (diagnostic or therapeutic); without imaging guidance **Global:** 000 **Issue:** Abdominal Paracentesis **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

**Most Recent RUC Meeting:** October 2010

**Tab** 05

**Specialty Developing Recommendation:**

ACR, ACS, AGA, ASGE, SIR

**First Identified:** February 2010

**2019 est Medicare Utilization:** 11,210

**2007 Work RVU:**

**2020 Work RVU:** 1.24

**2007 NF PE RVU:**

**2020 NF PE RVU:** 4.40

**2007 Fac PE RVU**

**2020 Fac PE RVU:** 0.72

**Result:** Decrease

**RUC Recommendation:** 1.35

**Referred to CPT** June 2010

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

**49083** Abdominal paracentesis (diagnostic or therapeutic); with imaging guidance **Global:** 000 **Issue:** Abdominal Paracentesis **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

**Most Recent RUC Meeting:** October 2010

**Tab** 05

**Specialty Developing Recommendation:**

ACR, ACS, AGA, ASGE, SIR

**First Identified:** February 2010

**2019 est Medicare Utilization:** 265,269

**2007 Work RVU:**

**2020 Work RVU:** 2.00

**2007 NF PE RVU:**

**2020 NF PE RVU:** 6.38

**2007 Fac PE RVU**

**2020 Fac PE RVU:** 0.93

**Result:** Decrease

**RUC Recommendation:** 2.00

**Referred to CPT** June 2010

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

## Status Report: CMS Requests and Relativity Assessment Issues

<b>49084</b>	<b>Peritoneal lavage, including imaging guidance, when performed</b>	<b>Global:</b> 000	<b>Issue:</b> Abdominal Paracentesis	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2010	<b>Tab 05</b>	<b>Specialty Developing Recommendation:</b> ACR, ACS, AGA, ASGE, SIR	<b>First Identified:</b> February 2010	<b>2019 est Medicare Utilization:</b> 1,879	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU</b> <b>Result:</b> Increase
<b>RUC Recommendation:</b> 2.50			<b>Referred to CPT</b> June 2010 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> 2.00 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 0.73
<b>49405</b>	<b>Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); visceral (eg, kidney, liver, spleen, lung/mediastinum), percutaneous</b>	<b>Global:</b> 000	<b>Issue:</b> Drainage of Abscess	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2013	<b>Tab 04</b>	<b>Specialty Developing Recommendation:</b> ACR, SIR	<b>First Identified:</b> January 2012	<b>2019 est Medicare Utilization:</b> 5,880	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU</b> <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 4.25			<b>Referred to CPT</b> October 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> 4.00 <b>2020 NF PE RVU:</b> 20.79 <b>2020 Fac PE RVU:</b> 1.36
<b>49406</b>	<b>Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); peritoneal or retroperitoneal, percutaneous</b>	<b>Global:</b> 000	<b>Issue:</b> Drainage of Abscess	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2013	<b>Tab 04</b>	<b>Specialty Developing Recommendation:</b> ACR, SIR	<b>First Identified:</b> January 2012	<b>2019 est Medicare Utilization:</b> 33,397	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU</b> <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 4.25			<b>Referred to CPT</b> October 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> 4.00 <b>2020 NF PE RVU:</b> 20.79 <b>2020 Fac PE RVU:</b> 1.36

# Status Report: CMS Requests and Relativity Assessment Issues

**49407** Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); peritoneal or retroperitoneal, transvaginal or transrectal **Global:** 000 **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** January 2013

**Tab** 04 **Specialty Developing Recommendation:** ACR, SIR

**First Identified:** January 2012

**2019 est Medicare Utilization:** 243

**2007 Work RVU:**  
**2007 NF PE RVU:**  
**2007 Fac PE RVU Result:** Decrease

**2020 Work RVU:** 4.25  
**2020 NF PE RVU:** 15.99  
**2020 Fac PE RVU:** 1.39

**RUC Recommendation:** 4.50

**Referred to CPT** October 2012  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**49418** Insertion of tunneled intraperitoneal catheter (eg, dialysis, intraperitoneal chemotherapy instillation, management of ascites), complete procedure, including imaging guidance, catheter placement, contrast injection when performed, and radiological supervision and interpretation, percutaneous

**Global:** 000 **Issue:** Intraperitoneal Catheter Codes

**Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent RUC Meeting:** April 2010

**Tab** 11 **Specialty Developing Recommendation:** ACS, ACR, SIR

**First Identified:** February 2010

**2019 est Medicare Utilization:** 6,497

**2007 Work RVU:**  
**2007 NF PE RVU:**  
**2007 Fac PE RVU Result:** Decrease

**2020 Work RVU:** 3.96  
**2020 NF PE RVU:** 29.76  
**2020 Fac PE RVU:** 1.53

**RUC Recommendation:** 4.21

**Referred to CPT** February 2010  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**49420** Deleted from CPT

**Global:** **Issue:** Insertion of Intraperitoneal Cannula or Catheter

**Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent RUC Meeting:** October 2009

**Tab** 40 **Specialty Developing Recommendation:** ACS

**First Identified:** April 2008

**2019 est Medicare Utilization:**

**2007 Work RVU:** 2.22  
**2007 NF PE RVU:** NA  
**2007 Fac PE RVU Result:** Deleted from CPT

**2020 Work RVU:**  
**2020 NF PE RVU:**  
**2020 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2010  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**



# Status Report: CMS Requests and Relativity Assessment Issues

<b>49421</b>	Insertion of tunneled intraperitoneal catheter for dialysis, open			<b>Global:</b> 000	<b>Issue:</b> Intraperitoneal Catheter Codes	<b>Screen:</b> Site of Service Anomaly	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2010	<b>Tab</b> 11	<b>Specialty Developing Recommendation:</b>	ACS, ACR, SIR	<b>First Identified:</b> September 2007	<b>2019 est Medicare Utilization:</b> 1,848	<b>2007 Work RVU:</b> 5.87 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 3.15 <b>Result:</b> Decrease	<b>2020 Work RVU:</b> 4.21 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 1.49
<b>RUC Recommendation:</b> 4.21				<b>Referred to CPT</b> February 2010	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	

<b>49422</b>	Removal of tunneled intraperitoneal catheter			<b>Global:</b> 000	<b>Issue:</b> Removal of Intraperitoneal Catheter	<b>Screen:</b> Site of Service Anomaly - 2016	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2017	<b>Tab</b> 14	<b>Specialty Developing Recommendation:</b>	ACS, SVS	<b>First Identified:</b> October 2016	<b>2019 est Medicare Utilization:</b> 12,368	<b>2007 Work RVU:</b> 6.26 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 2.82 <b>Result:</b> Decrease	<b>2020 Work RVU:</b> 4.00 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 1.57
<b>RUC Recommendation:</b> 4.00				<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	

<b>49505</b>	Repair initial inguinal hernia, age 5 years or older; reducible			<b>Global:</b> 090	<b>Issue:</b> RAW review	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2012	<b>Tab</b> 30	<b>Specialty Developing Recommendation:</b>	ACS	<b>First Identified:</b> September 2011	<b>2019 est Medicare Utilization:</b> 50,710	<b>2007 Work RVU:</b> 7.88 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 3.78 <b>Result:</b> Maintain	<b>2020 Work RVU:</b> 7.96 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 5.32
<b>RUC Recommendation:</b> Reaffirmed				<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	

<b>49507</b>	Repair initial inguinal hernia, age 5 years or older; incarcerated or strangulated			<b>Global:</b> 090	<b>Issue:</b> Hernia Repair	<b>Screen:</b> Site of Service Anomaly	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2011	<b>Tab</b> 29	<b>Specialty Developing Recommendation:</b>	ACS	<b>First Identified:</b> September 2007	<b>2019 est Medicare Utilization:</b> 10,329	<b>2007 Work RVU:</b> 9.97 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 4.46 <b>Result:</b> Maintain	<b>2020 Work RVU:</b> 9.09 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 5.81
<b>RUC Recommendation:</b> 10.05				<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	

# Status Report: CMS Requests and Relativity Assessment Issues

**49521** Repair recurrent inguinal hernia, any age; incarcerated or strangulated

**Global:** 090

**Issue:** Hernia Repair

**Screen:** Site of Service Anomaly

**Complete?** Yes

**Most Recent RUC Meeting:** February 2011

**Tab** 29

**Specialty Developing Recommendation:** ACS

**First Identified:** September 2007

**2019 est Medicare Utilization:** 1,809

**2007 Work RVU:** 12.36

**2020 Work RVU:** 11.48

**2007 NF PE RVU:** NA

**2020 NF PE RVU:** NA

**2007 Fac PE RVU** 5.18

**2020 Fac PE RVU:**6.67

**Result:** Maintain

**RUC Recommendation:** 12.44

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**49565** Repair recurrent incisional or ventral hernia; reducible

**Global:** 090

**Issue:** Repair Recurrent Hernia

**Screen:** Site of Service Anomaly - 2019

**Complete?** No

**Most Recent RUC Meeting:** January 2020

**Tab** 24

**Specialty Developing Recommendation:** ACS, SAGES

**First Identified:** October 2019

**2019 est Medicare Utilization:** 5,211

**2007 Work RVU:** 12.29

**2020 Work RVU:** 12.37

**2007 NF PE RVU:** NA

**2020 NF PE RVU:** NA

**2007 Fac PE RVU** 5.19

**2020 Fac PE RVU:**7.12

**Result:**

**RUC Recommendation:** Refer to CPT

**Referred to CPT** February 2021

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**49587** Repair umbilical hernia, age 5 years or older; incarcerated or strangulated

**Global:** 090

**Issue:** Hernia Repair

**Screen:** Site of Service Anomaly

**Complete?** Yes

**Most Recent RUC Meeting:** February 2011

**Tab** 29

**Specialty Developing Recommendation:** ACS

**First Identified:** September 2007

**2019 est Medicare Utilization:** 7,947

**2007 Work RVU:** 7.96

**2020 Work RVU:** 7.08

**2007 NF PE RVU:** NA

**2020 NF PE RVU:** NA

**2007 Fac PE RVU** 3.77

**2020 Fac PE RVU:**5.10

**Result:** Maintain

**RUC Recommendation:** 8.04

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**49652** Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); reducible

**Global:** 090

**Issue:** Laparoscopic Hernia Repair

**Screen:** Site of Service Anomaly

**Complete?** Yes

**Most Recent RUC Meeting:** February 2011

**Tab** 30

**Specialty Developing Recommendation:** ACS

**First Identified:** June 2010

**2019 est Medicare Utilization:** 9,327

**2007 Work RVU:**

**2020 Work RVU:** 11.92

**2007 NF PE RVU:**

**2020 NF PE RVU:** NA

**2007 Fac PE RVU**

**2020 Fac PE RVU:**6.93

**Result:** Maintain

**RUC Recommendation:** 12.88

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**49653** Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); incarcerated or strangulated **Global:** 090 **Issue:** Laparoscopic Hernia Repair **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent RUC Meeting:** February 2011 **Tab** 30 **Specialty Developing Recommendation:** ACS **First Identified:** June 2010 **2019 est Medicare Utilization:** 5,848 **2007 Work RVU:** **2020 Work RVU:** 14.94 **2007 NF PE RVU:** **2020 NF PE RVU:** NA **2007 Fac PE RVU Result:** Maintain **2020 Fac PE RVU:** 8.58  
**RUC Recommendation:** 16.21 **Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**49654** Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); reducible **Global:** 090 **Issue:** Laparoscopic Hernia Repair **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent RUC Meeting:** February 2011 **Tab** 30 **Specialty Developing Recommendation:** ACS **First Identified:** June 2010 **2019 est Medicare Utilization:** 7,253 **2007 Work RVU:** **2020 Work RVU:** 13.76 **2007 NF PE RVU:** **2020 NF PE RVU:** NA **2007 Fac PE RVU Result:** Maintain **2020 Fac PE RVU:** 7.61  
**RUC Recommendation:** 15.03 **Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**49655** Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated **Global:** 090 **Issue:** Laparoscopic Hernia Repair **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent RUC Meeting:** February 2011 **Tab** 30 **Specialty Developing Recommendation:** ACS **First Identified:** June 2010 **2019 est Medicare Utilization:** 4,804 **2007 Work RVU:** **2020 Work RVU:** 16.84 **2007 NF PE RVU:** **2020 NF PE RVU:** NA **2007 Fac PE RVU Result:** Maintain **2020 Fac PE RVU:** 9.27  
**RUC Recommendation:** 18.11 **Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**50021** Drainage of perirenal or renal abscess; percutaneous **Global:** **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** January 2013 **Tab** 04 **Specialty Developing Recommendation:** **First Identified:** January 2012 **2019 est Medicare Utilization:** **2007 Work RVU:** 3.37 **2020 Work RVU:** **2007 NF PE RVU:** 21.23 **2020 NF PE RVU:** **2007 Fac PE RVU** 1.07 **2020 Fac PE RVU:** **Result:** Deleted from CPT  
**RUC Recommendation:** Deleted from CPT **Referred to CPT** October 2012  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

<b>50080</b>	<b>Percutaneous nephrostolithotomy or pyelostolithotomy, with or without dilation, endoscopy, lithotripsy, stenting, or basket extraction; up to 2 cm</b>	<b>Global:</b> 090	<b>Issue:</b> Percutaneous Nephrostolithotomy	<b>Screen:</b> Site of Service Anomaly - 2019	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> January 2020	<b>Tab</b> 25 <b>Specialty Developing Recommendation:</b> AUA	<b>First Identified:</b>	<b>2019 est Medicare Utilization:</b> 2,659	<b>2007 Work RVU:</b> 15.61 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU</b> 6.88 <b>Result:</b>	<b>2020 Work RVU:</b> 15.74 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 7.55
<b>RUC Recommendation:</b> Refer to CPT		<b>Referred to CPT</b> October 2020 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>50081</b>	<b>Percutaneous nephrostolithotomy or pyelostolithotomy, with or without dilation, endoscopy, lithotripsy, stenting, or basket extraction; over 2 cm</b>	<b>Global:</b> 090	<b>Issue:</b> Percutaneous Nephrostolithotomy	<b>Screen:</b> Site of Service Anomaly - 2019	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> January 2020	<b>Tab</b> 25 <b>Specialty Developing Recommendation:</b> AUA	<b>First Identified:</b> October 2019	<b>2019 est Medicare Utilization:</b> 5,937	<b>2007 Work RVU:</b> 23.32 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU</b> 9.68 <b>Result:</b>	<b>2020 Work RVU:</b> 23.50 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 10.69
<b>RUC Recommendation:</b> Refer to CPT		<b>Referred to CPT</b> October 2020 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>50200</b>	<b>Renal biopsy; percutaneous, by trocar or needle</b>	<b>Global:</b> 000	<b>Issue:</b> Interventional Radiology Procedures	<b>Screen:</b> CMS Request - Practice Expense Review	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2008	<b>Tab</b> 13 <b>Specialty Developing Recommendation:</b> ACR, SIR	<b>First Identified:</b> NA	<b>2019 est Medicare Utilization:</b> 38,395	<b>2007 Work RVU:</b> 2.63 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU</b> 1.24 <b>Result:</b> PE Only	<b>2020 Work RVU:</b> 2.38 <b>2020 NF PE RVU:</b> 12.87 <b>2020 Fac PE RVU:</b> 1.10
<b>RUC Recommendation:</b> New PE Inputs		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

## Status Report: CMS Requests and Relativity Assessment Issues

**50360** Renal allotransplantation, implantation of graft; without recipient nephrectomy **Global:** 090 **Issue:** Renal Allotransplantation **Screen:** Harvard-Valued Annual Allowed Charges Greater than \$10 million **Complete?** Yes

**Most Recent RUC Meeting:** April 2013

**Tab 21** **Specialty Developing Recommendation:** ACR, SIR

**First Identified:** July 2012

**2019 est Medicare Utilization:** 12,479

**2007 Work RVU:** 40.45  
**2007 NF PE RVU:** NA  
**2007 Fac PE RVU** 16.32  
**Result:** Maintain

**2020 Work RVU:** 39.88  
**2020 NF PE RVU:** NA  
**2020 Fac PE RVU:** 21.27

**RUC Recommendation:** 40.90

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

**50387** Removal and replacement of externally accessible nephroureteral catheter (eg, external/internal stent) requiring fluoroscopic guidance, including radiological supervision and interpretation **Global:** 000 **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** January 2015

**Tab 09** **Specialty Developing Recommendation:** ACR, SIR

**First Identified:** October 2012

**2019 est Medicare Utilization:** 7,721

**2007 Work RVU:** 2.00  
**2007 NF PE RVU:** 16.66  
**2007 Fac PE RVU** 0.65  
**Result:** Maintain

**2020 Work RVU:** 1.75  
**2020 NF PE RVU:** 13.72  
**2020 Fac PE RVU:** 0.53

**RUC Recommendation:** 2.00

**Referred to CPT** October 2014  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**50392** Introduction of intracatheter or catheter into renal pelvis for drainage and/or injection, percutaneous **Global:** **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** January 2015

**Tab 09** **Specialty Developing Recommendation:** ACR, SIR

**First Identified:** October 2012

**2019 est Medicare Utilization:**

**2007 Work RVU:** 3.37  
**2007 NF PE RVU:** NA  
**2007 Fac PE RVU** 1.46  
**Result:** Deleted from CPT

**2020 Work RVU:**  
**2020 NF PE RVU:**  
**2020 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2014  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

<b>50393</b>	<b>Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection, percutaneous</b>	<b>Global:</b>	<b>Issue:</b> Genitourinary Catheter Procedures	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2015	<b>Tab 09</b>	<b>Specialty Developing Recommendation:</b> ACR, SIR	<b>First Identified:</b> October 2012	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> 4.15 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 1.71 <b>Result:</b> Deleted from CPT
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> October 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>
<b>50394</b>	<b>Injection procedure for pyelography (as nephrostogram, pyelostogram, antegrade pyeloureterograms) through nephrostomy or pyelostomy tube, or indwelling ureteral catheter</b>	<b>Global:</b>	<b>Issue:</b> Genitourinary Catheter Procedures	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2015	<b>Tab 09</b>	<b>Specialty Developing Recommendation:</b> ACR, SIR	<b>First Identified:</b> October 2012	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> 0.76 <b>2007 NF PE RVU:</b> 2.45 <b>2007 Fac PE RVU:</b> 0.63 <b>Result:</b> Deleted from CPT
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> October 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>
<b>50395</b>	<b>Introduction of guide into renal pelvis and/or ureter with dilation to establish nephrostomy tract, percutaneous</b>	<b>Global:</b>	<b>Issue:</b> Dilation of Urinary Tract	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2018	<b>Tab 12</b>	<b>Specialty Developing Recommendation:</b> ACR, SIR	<b>First Identified:</b> October 2014	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> 3.37 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 1.47 <b>Result:</b> Deleted from CPT
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> September 2017 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>

## Status Report: CMS Requests and Relativity Assessment Issues

**50398** Change of nephrostomy or pyelostomy tube

**Global:**

**Issue:** Genitourinary Catheter Procedures

**Screen:** Codes Reported Together 75% or More-Part2

**Complete?** Yes

**Most Recent RUC Meeting:** January 2015

**Tab** 09

**Specialty Developing Recommendation:** ACR, SIR

**First Identified:** October 2012

**2019 est Medicare Utilization:**

**2007 Work RVU:** 1.46

**2020 Work RVU:**

**2007 NF PE RVU:** 15.06

**2020 NF PE RVU:**

**2007 Fac PE RVU** 0.51

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2014

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

**50430** Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; new access

**Global:** 000

**Issue:** Genitourinary Catheter Procedures

**Screen:** Codes Reported Together 75% or More-Part2

**Complete?** Yes

**Most Recent RUC Meeting:** January 2015

**Tab** 09

**Specialty Developing Recommendation:** ACR, SIR

**First Identified:** October 2014

**2019 est Medicare Utilization:** 1,007

**2007 Work RVU:**

**2020 Work RVU:** 2.90

**2007 NF PE RVU:**

**2020 NF PE RVU:** 13.00

**2007 Fac PE RVU**

**2020 Fac PE RVU:**1.29

**Result:** Increase

**RUC Recommendation:** 3.15

**Referred to CPT** October 2014

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

**50431** Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; existing access

**Global:** 000

**Issue:** Genitourinary Catheter Procedures

**Screen:** Codes Reported Together 75% or More-Part2

**Complete?** Yes

**Most Recent RUC Meeting:** January 2015

**Tab** 09

**Specialty Developing Recommendation:** ACR, SIR

**First Identified:** October 2014

**2019 est Medicare Utilization:** 8,818

**2007 Work RVU:**

**2020 Work RVU:** 1.10

**2007 NF PE RVU:**

**2020 NF PE RVU:** 6.17

**2007 Fac PE RVU**

**2020 Fac PE RVU:**0.69

**Result:** Increase

**RUC Recommendation:** 1.42

**Referred to CPT** October 2014

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

## Status Report: CMS Requests and Relativity Assessment Issues

<b>50432</b>	Placement of nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation	<b>Global:</b> 000	<b>Issue:</b> Dilation of Urinary Tract	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2018	<b>Tab</b> 12 <b>Specialty Developing Recommendation:</b> ACR, SIR	<b>First Identified:</b> October 2014	<b>2019 est Medicare Utilization:</b> 28,285	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Maintain	<b>2020 Work RVU:</b> 4.00 <b>2020 NF PE RVU:</b> 20.95 <b>2020 Fac PE RVU:</b> 1.61
<b>RUC Recommendation:</b> 4.00		<b>Referred to CPT</b> October 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>50433</b>	Placement of nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, new access	<b>Global:</b> 000	<b>Issue:</b> Dilation of Urinary Tract	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2018	<b>Tab</b> 12 <b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> September 2017	<b>2019 est Medicare Utilization:</b> 5,572	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Maintain	<b>2020 Work RVU:</b> 5.05 <b>2020 NF PE RVU:</b> 27.24 <b>2020 Fac PE RVU:</b> 1.91
<b>RUC Recommendation:</b> 5.05		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>50434</b>	Convert nephrostomy catheter to nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, via pre-existing nephrostomy tract	<b>Global:</b> 000	<b>Issue:</b> Genitourinary Catheter Procedures	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2015	<b>Tab</b> 09 <b>Specialty Developing Recommendation:</b> ACR, SIR	<b>First Identified:</b> October 2014	<b>2019 est Medicare Utilization:</b> 2,477	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Increase	<b>2020 Work RVU:</b> 3.75 <b>2020 NF PE RVU:</b> 21.99 <b>2020 Fac PE RVU:</b> 1.49
<b>RUC Recommendation:</b> 4.20		<b>Referred to CPT</b> October 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		



## Status Report: CMS Requests and Relativity Assessment Issues

<b>50435</b>	Exchange nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation	<b>Global:</b> 000	<b>Issue:</b> Genitourinary Catheter Procedures	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2015	<b>Tab</b> 09 <b>Specialty Developing Recommendation:</b> ACR, SIR	<b>First Identified:</b> October 2014	<b>2019 est Medicare Utilization:</b> 46,684	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Increase	<b>2020 Work RVU:</b> 1.82 <b>2020 NF PE RVU:</b> 14.06 <b>2020 Fac PE RVU:</b> 0.91
<b>RUC Recommendation:</b> 2.00		<b>Referred to CPT</b> October 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>50436</b>	Dilation of existing tract, percutaneous, for an endourologic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, with postprocedure tube placement, when performed;	<b>Global:</b> 000	<b>Issue:</b> Dilation of Urinary Tract	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2018	<b>Tab</b> 12 <b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> September 2017	<b>2019 est Medicare Utilization:</b> 607	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease	<b>2020 Work RVU:</b> 2.78 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 1.30
<b>RUC Recommendation:</b> 3.37		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>50437</b>	Dilation of existing tract, percutaneous, for an endourologic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, with postprocedure tube placement, when performed; including new access into the renal collecting system	<b>Global:</b> 000	<b>Issue:</b> Dilation of Urinary Tract	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2018	<b>Tab</b> 12 <b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> September 2017	<b>2019 est Medicare Utilization:</b> 1,196	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease	<b>2020 Work RVU:</b> 4.85 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 1.97
<b>RUC Recommendation:</b> 5.44		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

# Status Report: CMS Requests and Relativity Assessment Issues

**50542** Laparoscopy, surgical; ablation of renal mass lesion(s), including intraoperative ultrasound guidance and monitoring, when performed

**Global:** 090

**Issue:** Laproscopic Procedures

**Screen:** CMS Fastest Growing

**Complete?** Yes

**Most Recent** **Tab** 26 **Specialty Developing** AUA  
**RUC Meeting:** October 2008  
**Recommendation:**

**First**  
**Identified:** October 2008

**2019 est**  
**Medicare**  
**Utilization:** 197

**2007 Work RVU:** 21.18 **2020 Work RVU:** 21.36  
**2007 NF PE RVU:** NA **2020 NF PE RVU:** NA  
**2007 Fac PE RVU:** 8.93 **2020 Fac PE RVU:** 9.85  
**Result:** Remove from Screen

**RUC Recommendation:** Remove from screen

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

**50548** Laparoscopy, surgical; nephrectomy with total ureterectomy

**Global:** 090

**Issue:** Laproscopic Procedures

**Screen:** CMS Fastest Growing

**Complete?** Yes

**Most Recent** **Tab** 26 **Specialty Developing** AUA  
**RUC Meeting:** October 2008  
**Recommendation:**

**First**  
**Identified:** October 2008

**2019 est**  
**Medicare**  
**Utilization:** 2,422

**2007 Work RVU:** 25.26 **2020 Work RVU:** 25.36  
**2007 NF PE RVU:** NA **2020 NF PE RVU:** NA  
**2007 Fac PE RVU:** 9.99 **2020 Fac PE RVU:** 10.57  
**Result:** Remove from Screen

**RUC Recommendation:** Remove from screen

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

**50590** Lithotripsy, extracorporeal shock wave

**Global:** 090

**Issue:** Lithotripsy

**Screen:** CMS High Expenditure  
Procedural Codes1

**Complete?** Yes

**Most Recent** **Tab** 42 **Specialty Developing** AUA  
**RUC Meeting:** April 2012  
**Recommendation:**

**First**  
**Identified:** September 2011

**2019 est**  
**Medicare**  
**Utilization:** 54,658

**2007 Work RVU:** 9.64 **2020 Work RVU:** 9.77  
**2007 NF PE RVU:** 13.6 **2020 NF PE RVU:** 10.27  
**2007 Fac PE RVU:** 4.65 **2020 Fac PE RVU:** 5.52  
**Result:** Maintain

**RUC Recommendation:** 9.77

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

**50605** Ureterotomy for insertion of indwelling stent, all types

**Global:** 090

**Issue:** Ureterotomy

**Screen:** CMS Fastest Growing /  
CPT Assistant Analysis

**Complete?** Yes

**Most Recent** **Tab** 21 **Specialty Developing** AUA, SIR  
**RUC Meeting:** October 2015  
**Recommendation:**

**First**  
**Identified:** October 2008

**2019 est**  
**Medicare**  
**Utilization:** 3,602

**2007 Work RVU:** 16.66 **2020 Work RVU:** 16.79  
**2007 NF PE RVU:** NA **2020 NF PE RVU:** NA  
**2007 Fac PE RVU:** 7.06 **2020 Fac PE RVU:** 8.67  
**Result:** Maintain

**RUC Recommendation:** Review action plan at the RAW Oct 2015. CPT Assistant article published.

**Referred to CPT**  
**Referred to CPT Asst** ☒ **Published in CPT Asst:** Dec 2009

## Status Report: CMS Requests and Relativity Assessment Issues

50606	Endoluminal biopsy of ureter and/or renal pelvis, non-endoscopic, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)	Global: ZZZ	Issue: Genitourinary Catheter Procedures	Screen: Codes Reported Together 75% or More-Part2	Complete? Yes
Most Recent RUC Meeting: April 2015	Tab 08	Specialty Developing Recommendation: ACR, SIR	First Identified: October 2014	2019 est Medicare Utilization: 104	2007 Work RVU: 2020 Work RVU: 3.16 2007 NF PE RVU: 2020 NF PE RVU: 14.36 2007 Fac PE RVU 2020 Fac PE RVU:0.97 Result: Increase
RUC Recommendation: 3.16			Referred to CPT October 2014 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	
50693	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; pre-existing nephrostomy tract	Global: 000	Issue: Genitourinary Catheter Procedures	Screen: Codes Reported Together 75% or More-Part2	Complete? Yes
Most Recent RUC Meeting: January 2015	Tab 09	Specialty Developing Recommendation: ACR, SIR	First Identified: October 2014	2019 est Medicare Utilization: 4,504	2007 Work RVU: 2020 Work RVU: 3.96 2007 NF PE RVU: 2020 NF PE RVU: 25.37 2007 Fac PE RVU 2020 Fac PE RVU:1.62 Result: Increase
RUC Recommendation: 4.60			Referred to CPT October 2014 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	
50694	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, without separate nephrostomy catheter	Global: 000	Issue: Genitourinary Catheter Procedures	Screen: Codes Reported Together 75% or More-Part2	Complete? Yes
Most Recent RUC Meeting: January 2015	Tab 09	Specialty Developing Recommendation: ACR, SIR	First Identified: October 2014	2019 est Medicare Utilization: 981	2007 Work RVU: 2020 Work RVU: 5.25 2007 NF PE RVU: 2020 NF PE RVU: 27.24 2007 Fac PE RVU 2020 Fac PE RVU:2.07 Result: Increase
RUC Recommendation: 6.00			Referred to CPT October 2014 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	

## Status Report: CMS Requests and Relativity Assessment Issues

<b>50695</b>	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, with separate nephrostomy catheter	<b>Global:</b> 000	<b>Issue:</b> Genitourinary Catheter Procedures	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2015	<b>Tab</b> 09 <b>Specialty Developing Recommendation:</b> ACR, SIR	<b>First Identified:</b> October 2014	<b>2019 est Medicare Utilization:</b> 1,321	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Increase	<b>2020 Work RVU:</b> 6.80 <b>2020 NF PE RVU:</b> 32.54 <b>2020 Fac PE RVU:</b> 2.59
<b>RUC Recommendation:</b> 7.55		<b>Referred to CPT</b> October 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			
<b>50705</b>	Ureteral embolization or occlusion, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Genitourinary Catheter Procedures	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2015	<b>Tab</b> 08 <b>Specialty Developing Recommendation:</b> ACR, SIR	<b>First Identified:</b> October 2014	<b>2019 est Medicare Utilization:</b> 65	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Increase	<b>2020 Work RVU:</b> 4.03 <b>2020 NF PE RVU:</b> 49.62 <b>2020 Fac PE RVU:</b> 0.68
<b>RUC Recommendation:</b> 4.03		<b>Referred to CPT</b> October 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			
<b>50706</b>	Balloon dilation, ureteral stricture, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Genitourinary Catheter Procedures	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2015	<b>Tab</b> 08 <b>Specialty Developing Recommendation:</b> ACR, SIR	<b>First Identified:</b> October 2014	<b>2019 est Medicare Utilization:</b> 1,459	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Increase	<b>2020 Work RVU:</b> 3.80 <b>2020 NF PE RVU:</b> 22.82 <b>2020 Fac PE RVU:</b> 1.16
<b>RUC Recommendation:</b> 3.80		<b>Referred to CPT</b> October 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			

# Status Report: CMS Requests and Relativity Assessment Issues

## 51040 Cystostomy, cystostomy with drainage

Global: 090

Issue: Cystostomy

Screen: Site of Service Anomaly  
(99238-Only)

Complete? Yes

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

First Identified: September 2007

2019 est  
Medicare  
Utilization: 5,029

2007 Work RVU: 4.43

2020 Work RVU: 4.49

2007 NF PE RVU: NA

2020 NF PE RVU: NA

2007 Fac PE RVU 3.01

2020 Fac PE RVU:3.33

Result: PE Only

RUC Recommendation: Reduce 99238 to 0.5

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

## 51102 Aspiration of bladder; with insertion of suprapubic catheter

Global: 000

Issue: Urological Procedures

Screen: Site of Service Anomaly

Complete? Yes

Most Recent Tab 45 Specialty Developing AUA  
RUC Meeting: April 2008 Recommendation:

First Identified: September 2007

2019 est  
Medicare  
Utilization: 14,265

2007 Work RVU:

2020 Work RVU: 2.70

2007 NF PE RVU:

2020 NF PE RVU: 3.78

2007 Fac PE RVU

2020 Fac PE RVU:1.20

Result: Decrease

RUC Recommendation: 2.70

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

## 51700 Bladder irrigation, simple, lavage and/or instillation

Global: 000

Issue: Bladder Catheter

Screen: CMS High Expenditure  
Procedural Codes2

Complete? Yes

Most Recent Tab 32 Specialty Developing AUA  
RUC Meeting: January 2016 Recommendation:

First Identified: July 2015

2019 est  
Medicare  
Utilization: 194,801

2007 Work RVU: 0.88

2020 Work RVU: 0.60

2007 NF PE RVU: 1.58

2020 NF PE RVU: 1.45

2007 Fac PE RVU 0.3

2020 Fac PE RVU:0.21

Result: Decrease

RUC Recommendation: 0.60

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

## 51701 Insertion of non-indwelling bladder catheter (eg, straight catheterization for residual urine)

Global: 000

Issue: Bladder Catheter

Screen: CMS High Expenditure  
Procedural Codes2

Complete? Yes

Most Recent Tab 32 Specialty Developing AUA  
RUC Meeting: January 2016 Recommendation:

First Identified: July 2015

2019 est  
Medicare  
Utilization: 168,108

2007 Work RVU: 0.50

2020 Work RVU: 0.50

2007 NF PE RVU: 1.45

2020 NF PE RVU: 0.70

2007 Fac PE RVU 0.21

2020 Fac PE RVU:0.18

Result: Maintain

RUC Recommendation: 0.50

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

# Status Report: CMS Requests and Relativity Assessment Issues

<b>51702</b>	Insertion of temporary indwelling bladder catheter; simple (eg, Foley)	<b>Global:</b> 000	<b>Issue:</b> Bladder Catheter	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 32	<b>Specialty Developing Recommendation:</b> AUA	<b>First Identified:</b> July 2015	<b>2019 est Medicare Utilization:</b> 234,004	<b>2007 Work RVU:</b> 0.50 <b>2007 NF PE RVU:</b> 1.94 <b>2007 Fac PE RVU</b> 0.27 <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 0.50			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> 0.50 <b>2020 NF PE RVU:</b> 1.18 <b>2020 Fac PE RVU:</b> 0.18

<b>51703</b>	Insertion of temporary indwelling bladder catheter; complicated (eg, altered anatomy, fractured catheter/balloon)	<b>Global:</b> 000	<b>Issue:</b> Bladder Catheter	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 32	<b>Specialty Developing Recommendation:</b> AUA	<b>First Identified:</b> July 2015	<b>2019 est Medicare Utilization:</b> 54,647	<b>2007 Work RVU:</b> 1.47 <b>2007 NF PE RVU:</b> 2.62 <b>2007 Fac PE RVU</b> 0.63 <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 1.47			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> 1.47 <b>2020 NF PE RVU:</b> 2.33 <b>2020 Fac PE RVU:</b> 0.58

<b>51720</b>	Bladder instillation of anticarcinogenic agent (including retention time)	<b>Global:</b> 000	<b>Issue:</b> Treatment of Bladder Lesion	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 33	<b>Specialty Developing Recommendation:</b> AUA	<b>First Identified:</b> July 2015	<b>2019 est Medicare Utilization:</b> 160,447	<b>2007 Work RVU:</b> 1.50 <b>2007 NF PE RVU:</b> 1.72 <b>2007 Fac PE RVU</b> 0.71 <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 0.87			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> 0.87 <b>2020 NF PE RVU:</b> 1.42 <b>2020 Fac PE RVU:</b> 0.30

<b>51726</b>	Complex cystometrogram (ie, calibrated electronic equipment);	<b>Global:</b> 000	<b>Issue:</b> Urodynamic Studies	<b>Screen:</b> Codes Reported Together 95% or More	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2009	<b>Tab</b> 16	<b>Specialty Developing Recommendation:</b> AUA, ACOG	<b>First Identified:</b> February 2008	<b>2019 est Medicare Utilization:</b> 4,438	<b>2007 Work RVU:</b> 1.71 <b>2007 NF PE RVU:</b> 7.41 <b>2007 Fac PE RVU</b> 7.41 <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 1.71			<b>Referred to CPT</b> February 2009 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> 1.71 <b>2020 NF PE RVU:</b> 6.37 <b>2020 Fac PE RVU:</b> NA

## Status Report: CMS Requests and Relativity Assessment Issues

**51727** Complex cystometrogram (ie, calibrated electronic equipment); with urethral pressure profile studies (ie, urethral closure pressure profile), any technique **Global:** 000 **Issue:** Urodynamic Studies **Screen:** Codes Reported Together 95% or More **Complete?** Yes

**Most Recent RUC Meeting:** April 2009

**Tab 16 Specialty Developing Recommendation:** AUA, ACOG

**First Identified:** February 2009

**2019 est Medicare Utilization:** 1,982

**2007 Work RVU:**

**2020 Work RVU:** 2.11

**2007 NF PE RVU:**

**2020 NF PE RVU:** 7.54

**2007 Fac PE RVU**

**2020 Fac PE RVU:** NA

**Result:** Decrease

**RUC Recommendation:** 2.11

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**51728** Complex cystometrogram (ie, calibrated electronic equipment); with voiding pressure studies (ie, bladder voiding pressure), any technique **Global:** 000 **Issue:** Urodynamic Studies **Screen:** Codes Reported Together 95% or More **Complete?** Yes

**Most Recent RUC Meeting:** April 2009

**Tab 16 Specialty Developing Recommendation:** AUA, ACOG

**First Identified:** February 2009

**2019 est Medicare Utilization:** 85,150

**2007 Work RVU:**

**2020 Work RVU:** 2.11

**2007 NF PE RVU:**

**2020 NF PE RVU:** 7.69

**2007 Fac PE RVU**

**2020 Fac PE RVU:** NA

**Result:** Decrease

**RUC Recommendation:** 2.11

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**51729** Complex cystometrogram (ie, calibrated electronic equipment); with voiding pressure studies (ie, bladder voiding pressure) and urethral pressure profile studies (ie, urethral closure pressure profile), any technique **Global:** 000 **Issue:** Urodynamic Studies **Screen:** Codes Reported Together 95% or More **Complete?** Yes

**Most Recent RUC Meeting:** April 2009

**Tab 16 Specialty Developing Recommendation:** AUA, ACOG

**First Identified:** February 2009

**2019 est Medicare Utilization:** 61,880

**2007 Work RVU:**

**2020 Work RVU:** 2.51

**2007 NF PE RVU:**

**2020 NF PE RVU:** 7.89

**2007 Fac PE RVU**

**2020 Fac PE RVU:** NA

**Result:** Decrease

**RUC Recommendation:** 2.51

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**51736** Simple uroflowmetry (UFR) (eg, stop-watch flow rate, mechanical uroflowmeter) **Global:** XXX **Issue:** Uroflowmetry **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

**Most Recent RUC Meeting:** October 2010 **Tab** 11 **Specialty Developing Recommendation:** AUA **First Identified:** February 2010 **2019 est Medicare Utilization:** 10,797 **2007 Work RVU:** 0.61 **2020 Work RVU:** 0.17 **2007 NF PE RVU:** 0.67 **2020 NF PE RVU:** 0.20 **2007 Fac PE RVU:** 0.67 **2020 Fac PE RVU:** NA **Result:** Decrease

**RUC Recommendation:** 0.17 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**51741** Complex uroflowmetry (eg, calibrated electronic equipment) **Global:** XXX **Issue:** Uroflowmetry **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

**Most Recent RUC Meeting:** October 2010 **Tab** 11 **Specialty Developing Recommendation:** AUA **First Identified:** October 2009 **2019 est Medicare Utilization:** 423,494 **2007 Work RVU:** 1.14 **2020 Work RVU:** 0.17 **2007 NF PE RVU:** 0.91 **2020 NF PE RVU:** 0.21 **2007 Fac PE RVU:** 0.91 **2020 Fac PE RVU:** NA **Result:** Decrease

**RUC Recommendation:** 0.17 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**51772** Deleted from CPT **Global:** **Issue:** Urodynamic Studies **Screen:** Codes Reported Together 95% or More / CMS Fastest Growing **Complete?** Yes

**Most Recent RUC Meeting:** April 2009 **Tab** 16 **Specialty Developing Recommendation:** AUA **First Identified:** February 2008 **2019 est Medicare Utilization:** **2007 Work RVU:** 1.61 **2020 Work RVU:** **2007 NF PE RVU:** 5.44 **2020 NF PE RVU:** **2007 Fac PE RVU:** 5.44 **2020 Fac PE RVU:** **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** February 2009 **Referred to CPT Asst** ☐ **Published in CPT Asst:**



# Status Report: CMS Requests and Relativity Assessment Issues

<b>51784</b>	<b>Electromyography studies (EMG) of anal or urethral sphincter, other than needle, any technique</b>	<b>Global:</b> XXX	<b>Issue:</b> Electromyography Studies (EMG)	<b>Screen:</b> Codes Reported Together 75% or More- Part2 / CMS High Expenditure Procedural Codes2 / CPT Assistant Analysis 2018	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2019	<b>Tab</b> 37 <b>Specialty Developing Recommendation:</b> AUA	<b>First Identified:</b> October 2012	<b>2019 est Medicare Utilization:</b> 142,000	<b>2007 Work RVU:</b> 1.53 <b>2007 NF PE RVU:</b> 3.95 <b>2007 Fac PE RVU:</b> 3.95 <b>Result:</b> Decrease	<b>2020 Work RVU:</b> 0.75 <b>2020 NF PE RVU:</b> 1.08 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.75. Maintain, CPT Assistant addressed issues identified.		<b>Referred to CPT</b> February 2014			
		<b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>		<b>Published in CPT Asst:</b> Feb 2014	
<b>51792</b>	<b>Stimulus evoked response (eg, measurement of bulbocavernosus reflex latency time)</b>	<b>Global:</b> 000	<b>Issue:</b> Urinary Reflex Studies with EMG	<b>Screen:</b> Codes Reported Together 75% or More- Part2 / CPT Assistant Analysis 2018	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2019	<b>Tab</b> 37 <b>Specialty Developing Recommendation:</b> AUA	<b>First Identified:</b> October 2012	<b>2019 est Medicare Utilization:</b> 7,152	<b>2007 Work RVU:</b> 1.10 <b>2007 NF PE RVU:</b> 5.74 <b>2007 Fac PE RVU:</b> 5.74 <b>Result:</b> Maintain	<b>2020 Work RVU:</b> 1.10 <b>2020 NF PE RVU:</b> 5.83 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> CPT edits and CPT Assistant article complete.		<b>Referred to CPT</b> February 2014			
		<b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>		<b>Published in CPT Asst:</b> Feb 2014	
<b>51795</b>	<b>Deleted from CPT</b>	<b>Global:</b>	<b>Issue:</b> Urology Studies	<b>Screen:</b> Codes Reported Together 95% or More	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2008	<b>Tab</b> S <b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> February 2008	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> 1.53 <b>2007 NF PE RVU:</b> 7.15 <b>2007 Fac PE RVU:</b> 7.15 <b>Result:</b> Deleted from CPT	<b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> February 2009			
		<b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>	

# Status Report: CMS Requests and Relativity Assessment Issues

**51797** Voiding pressure studies, intra-abdominal (ie, rectal, gastric, intraperitoneal)  
(List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Urology Studies **Screen:** Codes Reported Together 95% or More **Complete?** Yes

**Most Recent RUC Meeting:** February 2008 **Tab** S **Specialty Developing Recommendation:** **First Identified:** February 2008 **2019 est Medicare Utilization:** 116,064 **2007 Work RVU:** 1.60 **2020 Work RVU:** 0.80 **2007 NF PE RVU:** 5.55 **2020 NF PE RVU:** 3.73 **2007 Fac PE RVU:** 5.55 **2020 Fac PE RVU:** NA **Result:** Maintain

**RUC Recommendation:** 0.80 **Referred to CPT** February 2009 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**51798** Measurement of post-voiding residual urine and/or bladder capacity by ultrasound, non-imaging **Global:** XXX **Issue:** Voiding Pressure Studies **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** April 2016 **Tab** 25 **Specialty Developing Recommendation:** AUA **First Identified:** July 2015 **2019 est Medicare Utilization:** 2,169,510 **2007 Work RVU:** 0.00 **2020 Work RVU:** 0.00 **2007 NF PE RVU:** 0.4 **2020 NF PE RVU:** 0.28 **2007 Fac PE RVU:** NA **2020 Fac PE RVU:** NA **Result:** PE Only

**RUC Recommendation:** PE Only **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**52000** Cystourethroscopy (separate procedure) **Global:** 000 **Issue:** Cystourethroscopy **Screen:** MPC List / CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** January 2016 **Tab** 35 **Specialty Developing Recommendation:** AUA, ACOG **First Identified:** October 2010 **2019 est Medicare Utilization:** 897,375 **2007 Work RVU:** 2.23 **2020 Work RVU:** 1.53 **2007 NF PE RVU:** 3.4 **2020 NF PE RVU:** 4.28 **2007 Fac PE RVU:** 0.91 **2020 Fac PE RVU:** 0.62 **Result:** Decrease

**RUC Recommendation:** 1.75 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

<b>52214</b>	<b>Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands</b>	<b>Global:</b> 000	<b>Issue:</b> Cystourethroscopy	<b>Screen:</b> High Volume Growth1 / CPT Assistant Analysis	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2017	<b>Tab 19</b>	<b>Specialty Developing Recommendation:</b> AUA	<b>First Identified:</b> June 2008	<b>2019 est Medicare Utilization:</b> 16,853	<b>2007 Work RVU:</b> 3.70 <b>2007 NF PE RVU:</b> 33.55 <b>2007 Fac PE RVU:</b> 1.47 <b>2020 Work RVU:</b> 3.50 <b>2020 NF PE RVU:</b> 16.90 <b>2020 Fac PE RVU:</b> 1.18
<b>RUC Recommendation:</b> 3.50			<b>Referred to CPT</b>	<b>Published in CPT Asst:</b> Aug 2009 and May 2016	
			<b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>		
				<b>Result:</b> Decrease	
<hr/>					
<b>52224</b>	<b>Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy</b>	<b>Global:</b> 000	<b>Issue:</b> Cystourethroscopy	<b>Screen:</b> High Volume Growth1 / CPT Assistant Analysis	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2017	<b>Tab 19</b>	<b>Specialty Developing Recommendation:</b> AUA	<b>First Identified:</b> February 2008	<b>2019 est Medicare Utilization:</b> 36,291	<b>2007 Work RVU:</b> 3.14 <b>2007 NF PE RVU:</b> 32.11 <b>2007 Fac PE RVU:</b> 1.28 <b>2020 Work RVU:</b> 4.05 <b>2020 NF PE RVU:</b> 17.22 <b>2020 Fac PE RVU:</b> 1.37
<b>RUC Recommendation:</b> 4.05			<b>Referred to CPT</b>	<b>Published in CPT Asst:</b> Aug 2009 and May 2016	
			<b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>		
				<b>Result:</b> Increase	
<hr/>					
<b>52234</b>	<b>Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; SMALL bladder tumor(s) (0.5 up to 2.0 cm)</b>	<b>Global:</b> 000	<b>Issue:</b> Cystourethroscopy and Ureteroscopy	<b>Screen:</b> Harvard Valued - Utilization over 30,000 / CPT Assistant Analysis 2018	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2019	<b>Tab 37</b>	<b>Specialty Developing Recommendation:</b> AUA	<b>First Identified:</b> September 2011	<b>2019 est Medicare Utilization:</b> 28,317	<b>2007 Work RVU:</b> 4.62 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 1.83 <b>2020 Work RVU:</b> 4.62 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 1.93
<b>RUC Recommendation:</b> Reivew action plan to determine if CPT Assistant article and CPT changes were effective. 4.62			<b>Referred to CPT</b>	<b>Published in CPT Asst:</b> May 2016	
			<b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>		

## Status Report: CMS Requests and Relativity Assessment Issues

<b>52235</b>	<b>Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)</b>	<b>Global:</b> 000	<b>Issue:</b> Cystourethroscopy and Ureteroscopy	<b>Screen:</b> Harvard Valued - Utilization over 30,000 / CPT Assistant Analysis	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2017	<b>Tab</b> 19 <b>Specialty Developing Recommendation:</b> AUA	<b>First Identified:</b> April 2011	<b>2019 est Medicare Utilization:</b> 33,411	<b>2007 Work RVU:</b> 5.44 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 2.13 <b>Result:</b> Maintain	<b>2020 Work RVU:</b> 5.44 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 2.25
<b>RUC Recommendation:</b> 5.44		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> May 2016		
<b>52240</b>	<b>Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; LARGE bladder tumor(s)</b>	<b>Global:</b> 000	<b>Issue:</b> Cystourethroscopy and Ureteroscopy	<b>Screen:</b> Harvard Valued - Utilization over 30,000 / CPT Assistant Analysis 2018	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2019	<b>Tab</b> 37 <b>Specialty Developing Recommendation:</b> AUA	<b>First Identified:</b> September 2011	<b>2019 est Medicare Utilization:</b> 21,956	<b>2007 Work RVU:</b> 9.71 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 3.6 <b>Result:</b> Decrease	<b>2020 Work RVU:</b> 7.50 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 2.95
<b>RUC Recommendation:</b> Reivew action plan to determine if CPT Assistant article and CPT changes were effective. 8.75		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> May 2016		
<b>52281</b>	<b>Cystourethroscopy, with calibration and/or dilation of urethral stricture or stenosis, with or without meatotomy, with or without injection procedure for cystography, male or female</b>	<b>Global:</b> 000	<b>Issue:</b> Cystourethroscopy	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2010	<b>Tab</b> 38 <b>Specialty Developing Recommendation:</b> AUA	<b>First Identified:</b> October 2009	<b>2019 est Medicare Utilization:</b> 62,618	<b>2007 Work RVU:</b> 2.80 <b>2007 NF PE RVU:</b> 6.65 <b>2007 Fac PE RVU:</b> 1.21 <b>Result:</b> Maintain	<b>2020 Work RVU:</b> 2.75 <b>2020 NF PE RVU:</b> 6.09 <b>2020 Fac PE RVU:</b> 1.30
<b>RUC Recommendation:</b> 2.80		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

## Status Report: CMS Requests and Relativity Assessment Issues

<b>52287</b>	<b>Cystourethroscopy, with injection(s) for chemodenervation of the bladder</b>	<b>Global:</b> 000	<b>Issue:</b>	<b>Screen:</b> High Volume Growth6	<b>Complete?</b> Yes
<b>Most Recent</b> <b>RUC Meeting:</b> January 2020	<b>Tab</b> 37 <b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> October 2019	<b>2019 est Medicare Utilization:</b> 51,037	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU</b> <b>Result:</b> Remove from Screen	<b>2020 Work RVU:</b> 3.20 <b>2020 NF PE RVU:</b> 6.68 <b>2020 Fac PE RVU:</b> 1.30
<b>RUC Recommendation:</b> Remove from Screen		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>					
<b>52332</b>	<b>Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)</b>	<b>Global:</b> 000	<b>Issue:</b> Cystourethroscopy	<b>Screen:</b> Harvard Valued - Utilization over 100,000 / Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent</b> <b>RUC Meeting:</b> April 2013	<b>Tab</b> 13 <b>Specialty Developing Recommendation:</b> AUA	<b>First Identified:</b> October 2009	<b>2019 est Medicare Utilization:</b> 151,015	<b>2007 Work RVU:</b> 2.83 <b>2007 NF PE RVU:</b> 7.42 <b>2007 Fac PE RVU</b> 1.19 <b>Result:</b> Maintain	<b>2020 Work RVU:</b> 2.82 <b>2020 NF PE RVU:</b> 9.81 <b>2020 Fac PE RVU:</b> 1.32
<b>RUC Recommendation:</b> 2.82		<b>Referred to CPT</b> February 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>					
<b>52334</b>	<b>Cystourethroscopy with insertion of ureteral guide wire through kidney to establish a percutaneous nephrostomy, retrograde</b>	<b>Global:</b> 000	<b>Issue:</b> Dilation of Urinary Tract	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent</b> <b>RUC Meeting:</b> January 2018	<b>Tab</b> 12 <b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> September 2017	<b>2019 est Medicare Utilization:</b> 289	<b>2007 Work RVU:</b> 4.82 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU</b> 1.89 <b>Result:</b> Decrease	<b>2020 Work RVU:</b> 3.37 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 1.51
<b>RUC Recommendation:</b> 3.37		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

## Status Report: CMS Requests and Relativity Assessment Issues

**52341** Cystourethroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision) **Global:** 000 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent** **Tab** 65 **Specialty Developing** AUA  
**RUC Meeting:** October 2010 **Recommendation:**

**First**  
**Identified:** April 2008

**2019 est**  
**Medicare**  
**Utilization:** 2,487

**2007 Work RVU:** 6.11

**2020 Work RVU:** 5.35

**2007 NF PE RVU:** NA

**2020 NF PE RVU:** NA

**2007 Fac PE RVU** 2.44

**2020 Fac PE RVU:**2.22

**Result:** Decrease

**RUC Recommendation:** 5.35

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**52342** Cystourethroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision) **Global:** 000 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent** **Tab** 65 **Specialty Developing** AUA  
**RUC Meeting:** October 2010 **Recommendation:**

**First**  
**Identified:** April 2008

**2019 est**  
**Medicare**  
**Utilization:** 191

**2007 Work RVU:** 6.61

**2020 Work RVU:** 5.85

**2007 NF PE RVU:** NA

**2020 NF PE RVU:** NA

**2007 Fac PE RVU** 2.59

**2020 Fac PE RVU:**2.39

**Result:** Decrease

**RUC Recommendation:** 5.85

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**52343** Cystourethroscopy; with treatment of intra-renal stricture (eg, balloon dilation, laser, electrocautery, and incision) **Global:** 000 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent** **Tab** 65 **Specialty Developing** AUA  
**RUC Meeting:** October 2010 **Recommendation:**

**First**  
**Identified:** April 2008

**2019 est**  
**Medicare**  
**Utilization:** 21

**2007 Work RVU:** 7.31

**2020 Work RVU:** 6.55

**2007 NF PE RVU:** NA

**2020 NF PE RVU:** NA

**2007 Fac PE RVU** 2.84

**2020 Fac PE RVU:**2.62

**Result:** Decrease

**RUC Recommendation:** 6.55

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**52344** Cystourethroscopy with ureteroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision) **Global:** 000 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent** **Tab** 65 **Specialty Developing** AUA  
**RUC Meeting:** October 2010 **Recommendation:**

**First**  
**Identified:** September 2007

**2019 est**  
**Medicare**  
**Utilization:** 3,393

**2007 Work RVU:** 7.81

**2020 Work RVU:** 7.05

**2007 NF PE RVU:** NA

**2020 NF PE RVU:** NA

**2007 Fac PE RVU** 3.09

**2020 Fac PE RVU:**2.79

**Result:** Decrease

**RUC Recommendation:** 7.05

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

<b>52345</b>	<b>Cystourethroscopy with ureteroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)</b>	<b>Global:</b> 000	<b>Issue:</b> Urological Procedures	<b>Screen:</b> Site of Service Anomaly	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2010	<b>Tab</b> 65 <b>Specialty Developing Recommendation:</b> AUA	<b>First Identified:</b> April 2008	<b>2019 est Medicare Utilization:</b> 480	<b>2007 Work RVU:</b> 8.31 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 3.27 <b>Result:</b> Decrease	<b>2020 Work RVU:</b> 7.55 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 2.96
<b>RUC Recommendation:</b> 7.55		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
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<b>52346</b>	<b>Cystourethroscopy with ureteroscopy; with treatment of intra-renal stricture (eg, balloon dilation, laser, electrocautery, and incision)</b>	<b>Global:</b> 000	<b>Issue:</b> Urological Procedures	<b>Screen:</b> Site of Service Anomaly	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2010	<b>Tab</b> 65 <b>Specialty Developing Recommendation:</b> AUA	<b>First Identified:</b> April 2008	<b>2019 est Medicare Utilization:</b> 212	<b>2007 Work RVU:</b> 9.34 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 3.62 <b>Result:</b> Decrease	<b>2020 Work RVU:</b> 8.58 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 3.32
<b>RUC Recommendation:</b> 8.58		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>					
<b>52351</b>	<b>Cystourethroscopy, with ureteroscopy and/or pyeloscopy; diagnostic</b>	<b>Global:</b> 000	<b>Issue:</b> Cystourethroscopy and Ureteroscopy	<b>Screen:</b> Harvard Valued - Utilization over 30,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2011	<b>Tab</b> 23 <b>Specialty Developing Recommendation:</b> AUA	<b>First Identified:</b> September 2011	<b>2019 est Medicare Utilization:</b> 22,929	<b>2007 Work RVU:</b> 5.85 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 2.36 <b>Result:</b> Decrease	<b>2020 Work RVU:</b> 5.75 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 2.32
<b>RUC Recommendation:</b> 5.75		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
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<b>52352</b>	<b>Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)</b>	<b>Global:</b> 000	<b>Issue:</b> Cystourethroscopy and Ureteroscopy	<b>Screen:</b> Harvard Valued - Utilization over 30,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2011	<b>Tab</b> 23 <b>Specialty Developing Recommendation:</b> AUA	<b>First Identified:</b> September 2011	<b>2019 est Medicare Utilization:</b> 24,811	<b>2007 Work RVU:</b> 6.87 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 2.77 <b>Result:</b> Decrease	<b>2020 Work RVU:</b> 6.75 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 2.69
<b>RUC Recommendation:</b> 6.75		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

## Status Report: CMS Requests and Relativity Assessment Issues

<b>52353</b>	<b>Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)</b>	<b>Global:</b> 000	<b>Issue:</b> Cystourethroscopy	<b>Screen:</b> Harvard Valued - Utilization over 30,000 / Harvard-Valued Annual Allowed Charges Greater than \$10 million / Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab</b> 13 <b>Specialty Developing Recommendation:</b> AUA	<b>First Identified:</b> April 2011	<b>2019 est Medicare Utilization:</b> 11,180	<b>2007 Work RVU:</b> 7.96 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 3.14 <b>Result:</b> Decrease	<b>2020 Work RVU:</b> 7.50 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 2.95
<b>RUC Recommendation:</b> 7.50		<b>Referred to CPT</b> February 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>52354</b>	<b>Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with biopsy and/or fulguration of ureteral or renal pelvic lesion</b>	<b>Global:</b> 000	<b>Issue:</b> Cystourethroscopy and Ureteroscopy	<b>Screen:</b> Harvard Valued - Utilization over 30,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2011	<b>Tab</b> 23 <b>Specialty Developing Recommendation:</b> AUA	<b>First Identified:</b> September 2011	<b>2019 est Medicare Utilization:</b> 9,144	<b>2007 Work RVU:</b> 7.33 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 2.94 <b>Result:</b> Increase	<b>2020 Work RVU:</b> 8.00 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 3.12
<b>RUC Recommendation:</b> 8.58		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>52355</b>	<b>Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with resection of ureteral or renal pelvic tumor</b>	<b>Global:</b> 000	<b>Issue:</b> Cystourethroscopy and Ureteroscopy	<b>Screen:</b> Harvard Valued - Utilization over 30,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2011	<b>Tab</b> 23 <b>Specialty Developing Recommendation:</b> AUA	<b>First Identified:</b> September 2011	<b>2019 est Medicare Utilization:</b> 1,007	<b>2007 Work RVU:</b> 8.81 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 3.44 <b>Result:</b> Increase	<b>2020 Work RVU:</b> 9.00 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 3.45
<b>RUC Recommendation:</b> 10.00		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		



## Status Report: CMS Requests and Relativity Assessment Issues

**52356** Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type) **Global:** 000 **Issue:** Cystourethroscopy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** April 2013

**Tab** 13 **Specialty Developing Recommendation:** AUA

**First Identified:** January 2013

**2019 est Medicare Utilization:** 78,507

**2007 Work RVU:**  
**2007 NF PE RVU:**  
**2007 Fac PE RVU Result:** Decrease

**2020 Work RVU:** 8.00  
**2020 NF PE RVU:** NA  
**2020 Fac PE RVU:** 3.08

**RUC Recommendation:** 8.00

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

**52400** Cystourethroscopy with incision, fulguration, or resection of congenital posterior urethral valves, or congenital obstructive hypertrophic mucosal folds **Global:** 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent RUC Meeting:** October 2010

**Tab** 65 **Specialty Developing Recommendation:** AUA

**First Identified:** September 2007

**2019 est Medicare Utilization:** 115

**2007 Work RVU:** 10.06  
**2007 NF PE RVU:** NA  
**2007 Fac PE RVU Result:** Decrease

**2020 Work RVU:** 8.69  
**2020 NF PE RVU:** NA  
**2020 Fac PE RVU:** 4.09

**RUC Recommendation:** 8.69

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

**52500** Transurethral resection of bladder neck (separate procedure) **Global:** 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent RUC Meeting:** October 2010

**Tab** 65 **Specialty Developing Recommendation:** AUA

**First Identified:** September 2007

**2019 est Medicare Utilization:** 3,173

**2007 Work RVU:** 9.39  
**2007 NF PE RVU:** NA  
**2007 Fac PE RVU Result:** Decrease

**2020 Work RVU:** 8.14  
**2020 NF PE RVU:** NA  
**2020 Fac PE RVU:** 5.04

**RUC Recommendation:** 8.14

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

## Status Report: CMS Requests and Relativity Assessment Issues

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<b>52601</b>	<b>Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)</b>	<b>Global:</b> 090	<b>Issue:</b> Transurethral Electrosurgical Resection of Prostate (TURP)	<b>Screen:</b> Site of Service Anomaly - 2015	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab</b> 26 <b>Specialty Developing Recommendation:</b> AUA	<b>First Identified:</b> October 2015	<b>2019 est Medicare Utilization:</b> 44,942	<b>2007 Work RVU:</b> 15.13 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 5.99 <b>Result:</b> Decrease	<b>2020 Work RVU:</b> 13.16 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 6.39
<b>RUC Recommendation:</b> 13.16	<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>		

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<b>52640</b>	<b>Transurethral resection; of postoperative bladder neck contracture</b>	<b>Global:</b> 090	<b>Issue:</b> Urological Procedures	<b>Screen:</b> Site of Service Anomaly	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2008	<b>Tab</b> 45 <b>Specialty Developing Recommendation:</b> AUA	<b>First Identified:</b> September 2007	<b>2019 est Medicare Utilization:</b> 1,396	<b>2007 Work RVU:</b> 6.89 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 3.35 <b>Result:</b> Decrease	<b>2020 Work RVU:</b> 4.79 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 3.79
<b>RUC Recommendation:</b> 4.79	<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>		

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<b>52648</b>	<b>Laser vaporization of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)</b>	<b>Global:</b> 090	<b>Issue:</b> Laser Surgery of Prostate	<b>Screen:</b> High Volume Growth1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2008	<b>Tab</b> 57 <b>Specialty Developing Recommendation:</b> AUA	<b>First Identified:</b> February 2008	<b>2019 est Medicare Utilization:</b> 18,059	<b>2007 Work RVU:</b> 12.00 <b>2007 NF PE RVU:</b> 66.1 <b>2007 Fac PE RVU:</b> 5.44 <b>Result:</b> Remove from Screen	<b>2020 Work RVU:</b> 12.15 <b>2020 NF PE RVU:</b> 34.28 <b>2020 Fac PE RVU:</b> 6.40
<b>RUC Recommendation:</b> Remove from screen	<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>		

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## Status Report: CMS Requests and Relativity Assessment Issues

<b>53445</b>	Insertion of inflatable urethral/bladder neck sphincter, including placement of pump, reservoir, and cuff	<b>Global:</b> 090	<b>Issue:</b> Urological Procedures	<b>Screen:</b> Site of Service Anomaly	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2011	<b>Tab</b> 31 <b>Specialty Developing Recommendation:</b> AUA	<b>First Identified:</b> September 2007	<b>2019 est Medicare Utilization:</b> 2,071	<b>2007 Work RVU:</b> 15.21 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 7.55 <b>Result:</b> Decrease	<b>2020 Work RVU:</b> 13.00 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 7.29
<b>RUC Recommendation:</b> 13.00		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
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<b>53850</b>	Transurethral destruction of prostate tissue; by microwave thermotherapy	<b>Global:</b> 090	<b>Issue:</b> Transurethral Destruction of Prostate Tissue	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab</b> 43 <b>Specialty Developing Recommendation:</b> AUA	<b>First Identified:</b> September 2011	<b>2019 est Medicare Utilization:</b> 2,363	<b>2007 Work RVU:</b> 9.98 <b>2007 NF PE RVU:</b> 82.87 <b>2007 Fac PE RVU:</b> 4.46 <b>Result:</b> Maintain	<b>2020 Work RVU:</b> 5.42 <b>2020 NF PE RVU:</b> 38.30 <b>2020 Fac PE RVU:</b> 4.06
<b>RUC Recommendation:</b> 10.08		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
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<b>54405</b>	Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir	<b>Global:</b> 090	<b>Issue:</b> Urological Procedures	<b>Screen:</b> Site of Service Anomaly	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2008	<b>Tab</b> 45 <b>Specialty Developing Recommendation:</b> AUA	<b>First Identified:</b> September 2007	<b>2019 est Medicare Utilization:</b> 5,217	<b>2007 Work RVU:</b> 14.39 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 6.51 <b>Result:</b> Maintain	<b>2020 Work RVU:</b> 14.52 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 7.18
<b>RUC Recommendation:</b> 14.39		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
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<b>54410</b>	Removal and replacement of all component(s) of a multi-component, inflatable penile prosthesis at the same operative session	<b>Global:</b> 090	<b>Issue:</b> Urological Procedures	<b>Screen:</b> Site of Service Anomaly	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2011	<b>Tab</b> 31 <b>Specialty Developing Recommendation:</b> AUA	<b>First Identified:</b> September 2007	<b>2019 est Medicare Utilization:</b> 1,286	<b>2007 Work RVU:</b> 16.48 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 7.35 <b>Result:</b> Decrease	<b>2020 Work RVU:</b> 15.18 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 7.94
<b>RUC Recommendation:</b> 15.18		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

# Status Report: CMS Requests and Relativity Assessment Issues

**54520** Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach **Global:** 090 **Issue:** Removal of Testical **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

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

**First Identified:** September 2007 **2019 est Medicare Utilization:** 2,671

**2007 Work RVU:** 5.25 **2020 Work RVU:** 5.30  
**2007 NF PE RVU:** NA **2020 NF PE RVU:** NA  
**2007 Fac PE RVU** 3.03 **2020 Fac PE RVU:**3.45  
**Result:** PE Only

**RUC Recommendation:** Reduce 99238 to 0.5

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

**54530** Orchiectomy, radical, for tumor; inguinal approach

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

**Most Recent** **Tab** 65 **Specialty Developing** AUA  
**RUC Meeting:** October 2010 **Recommendation:**

**First Identified:** September 2007 **2019 est Medicare Utilization:** 1,190

**2007 Work RVU:** 9.31 **2020 Work RVU:** 8.46  
**2007 NF PE RVU:** NA **2020 NF PE RVU:** NA  
**2007 Fac PE RVU** 4.72 **2020 Fac PE RVU:**5.17  
**Result:** Decrease

**RUC Recommendation:** 8.46

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

**55700** Biopsy, prostate; needle or punch, single or multiple, any approach

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

**Most Recent** **Tab** 36 **Specialty Developing** AUA  
**RUC Meeting:** January 2016 **Recommendation:**

**First Identified:** July 2015 **2019 est Medicare Utilization:** 156,362

**2007 Work RVU:** 2.58 **2020 Work RVU:** 2.50  
**2007 NF PE RVU:** 4.08 **2020 NF PE RVU:** 4.31  
**2007 Fac PE RVU** 0.82 **2020 Fac PE RVU:**0.99  
**Result:** Decrease

**RUC Recommendation:** 2.50

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

**55706** Biopsies, prostate, needle, transperineal, stereotactic template guided saturation sampling, including imaging guidance

**Global:** 010 **Issue:** RAW **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

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

**First Identified:** January 2014 **2019 est Medicare Utilization:** 2,297

**2007 Work RVU:** **2020 Work RVU:** 6.28  
**2007 NF PE RVU:** **2020 NF PE RVU:** NA  
**2007 Fac PE RVU** **2020 Fac PE RVU:**3.80  
**Result:** Maintain

**RUC Recommendation:** Maintain

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

# Status Report: CMS Requests and Relativity Assessment Issues

<b>55840</b>	Prostatectomy, retropubic radical, with or without nerve sparing;	<b>Global:</b> 090	<b>Issue:</b>	<b>Screen:</b> CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 31 <b>Specialty Developing Recommendation:</b> AUA	<b>First Identified:</b> October 2013	<b>2019 est Medicare Utilization:</b> 1,610	<b>2007 Work RVU:</b> 24.45 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 10.19 <b>Result:</b> Decrease	<b>2020 Work RVU:</b> 21.36 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 9.98
<b>RUC Recommendation:</b> 21.36		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

<b>55842</b>	Prostatectomy, retropubic radical, with or without nerve sparing; with lymph node biopsy(s) (limited pelvic lymphadenectomy)	<b>Global:</b> 090	<b>Issue:</b>	<b>Screen:</b> CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 31 <b>Specialty Developing Recommendation:</b> AUA	<b>First Identified:</b> October 2013	<b>2019 est Medicare Utilization:</b> 150	<b>2007 Work RVU:</b> 26.31 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 10.83 <b>Result:</b> Decrease	<b>2020 Work RVU:</b> 21.36 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 9.98
<b>RUC Recommendation:</b> 24.16		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

<b>55845</b>	Prostatectomy, retropubic radical, with or without nerve sparing; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes	<b>Global:</b> 090	<b>Issue:</b> RAW	<b>Screen:</b> CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 31 <b>Specialty Developing Recommendation:</b> AUA	<b>First Identified:</b> July 2013	<b>2019 est Medicare Utilization:</b> 1,030	<b>2007 Work RVU:</b> 30.52 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 12.01 <b>Result:</b> Decrease	<b>2020 Work RVU:</b> 25.18 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 11.28
<b>RUC Recommendation:</b> 29.07		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

## Status Report: CMS Requests and Relativity Assessment Issues

<b>55866</b>	<b>Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed</b>	<b>Global:</b> 090	<b>Issue:</b> Laparoscopic Radical Prostatectomy	<b>Screen:</b> New Technology / CMS Fastest Growing / CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2015	<b>Tab 27</b> <b>Specialty Developing Recommendation:</b> AUA	<b>First Identified:</b> September 2007	<b>2019 est Medicare Utilization:</b> 20,334	<b>2007 Work RVU:</b> 32.25 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 12.87 <b>Result:</b> Decrease	<b>2020 Work RVU:</b> 26.80 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 11.80
<b>RUC Recommendation:</b> 26.80		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
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<b>55873</b>	<b>Cryosurgical ablation of the prostate (includes ultrasonic guidance and monitoring)</b>	<b>Global:</b> 090	<b>Issue:</b> Cryoablation of Prostate	<b>Screen:</b> CMS Request - Practice Expense Review	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2009	<b>Tab 25</b> <b>Specialty Developing Recommendation:</b> AUA	<b>First Identified:</b> September 2007	<b>2019 est Medicare Utilization:</b> 1,648	<b>2007 Work RVU:</b> 20.25 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 9.59 <b>Result:</b> Decrease	<b>2020 Work RVU:</b> 13.60 <b>2020 NF PE RVU:</b> 160.37 <b>2020 Fac PE RVU:</b> 6.90
<b>RUC Recommendation:</b> 13.45		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>					
<b>55875</b>	<b>Transperineal placement of needles or catheters into prostate for interstitial radioelement application, with or without cystoscopy</b>	<b>Global:</b> 090	<b>Issue:</b> RAW	<b>Screen:</b> RUC request	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2015	<b>Tab 21</b> <b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> April 2015	<b>2019 est Medicare Utilization:</b> 6,399	<b>2007 Work RVU:</b> 13.31 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 6.38 <b>Result:</b> Not Part of RAW	<b>2020 Work RVU:</b> 13.46 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 7.35
<b>RUC Recommendation:</b> Review data at RAW		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

# Status Report: CMS Requests and Relativity Assessment Issues

**56515** Destruction of lesion(s), vulva; extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery) **Global:** 010 **Issue:** Destruction of Lesions **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

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

**First Identified:** September 2007 **2019 est Medicare Utilization:** 3,187

**2007 Work RVU:** 3.03 **2020 Work RVU:** 3.08  
**2007 NF PE RVU:** 2.5 **2020 NF PE RVU:** 3.69  
**2007 Fac PE RVU:** 1.79 **2020 Fac PE RVU:** 2.41  
**Result:** PE Only

**RUC Recommendation:** Reduce 99238 to 0.5

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

**56620** Vulvectomy simple; partial

**Global:** 090 **Issue:** Partial Removal of Vulva **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent** **Tab** D **Specialty Developing** ACOG  
**RUC Meeting:** February 2008 **Recommendation:**

**First Identified:** September 2007 **2019 est Medicare Utilization:** 3,143

**2007 Work RVU:** 8.44 **2020 Work RVU:** 7.53  
**2007 NF PE RVU:** NA **2020 NF PE RVU:** NA  
**2007 Fac PE RVU:** 4.7 **2020 Fac PE RVU:** 7.21  
**Result:** Decrease

**RUC Recommendation:** 7.35

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

**57150** Irrigation of vagina and/or application of medicament for treatment of bacterial, parasitic, or fungoid disease **Global:** 000 **Issue:** Vaginal Treatments

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

**Most Recent** **Tab** 15 **Specialty Developing** ACOG  
**RUC Meeting:** April 2017 **Recommendation:**

**First Identified:** July 2016 **2019 est Medicare Utilization:** 24,482

**2007 Work RVU:** 0.55 **2020 Work RVU:** 0.50  
**2007 NF PE RVU:** 0.97 **2020 NF PE RVU:** 0.95  
**2007 Fac PE RVU:** 0.2 **2020 Fac PE RVU:** 0.19  
**Result:** Decrease

**RUC Recommendation:** 0.50

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

# Status Report: CMS Requests and Relativity Assessment Issues

**57155** Insertion of uterine tandem and/or vaginal ovoids for clinical brachytherapy **Global:** 000 **Issue:** RAW **Screen:** Site of Service Anomaly / Different Performing Specialty from Survey **Complete?** Yes

**Most Recent RUC Meeting:** January 2017 **Tab** 30 **Specialty Developing Recommendation:** ACOG, ASTRO **First Identified:** September 2007 **2019 est Medicare Utilization:** 3,111 **2007 Work RVU:** 6.79 **2020 Work RVU:** 5.15 **2007 NF PE RVU:** NA **2020 NF PE RVU:** 5.33 **2007 Fac PE RVU:** 4.3 **2020 Fac PE RVU:** 2.56 **RUC Recommendation:** 5.40 **Referred to CPT:** October 2009 **Referred to CPT Asst:** ☐ **Published in CPT Asst:** **Result:** Decrease

**57156** Insertion of a vaginal radiation afterloading apparatus for clinical brachytherapy **Global:** 000 **Issue:** RAW **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent RUC Meeting:** January 2017 **Tab** 30 **Specialty Developing Recommendation:** ACOG, ASTRO **First Identified:** September 2007 **2019 est Medicare Utilization:** 15,369 **2007 Work RVU:** **2020 Work RVU:** 2.69 **2007 NF PE RVU:** **2020 NF PE RVU:** 3.25 **2007 Fac PE RVU:** **2020 Fac PE RVU:** 1.42 **RUC Recommendation:** 2.69 **Referred to CPT:** October 2009 **Referred to CPT Asst:** ☐ **Published in CPT Asst:** **Result:** Decrease

**57160** Fitting and insertion of pessary or other intravaginal support device **Global:** 000 **Issue:** Vaginal Treatments **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

**Most Recent RUC Meeting:** April 2017 **Tab** 15 **Specialty Developing Recommendation:** ACOG **First Identified:** July 2016 **2019 est Medicare Utilization:** 85,733 **2007 Work RVU:** 0.89 **2020 Work RVU:** 0.89 **2007 NF PE RVU:** 1.02 **2020 NF PE RVU:** 0.94 **2007 Fac PE RVU:** 0.32 **2020 Fac PE RVU:** 0.33 **RUC Recommendation:** 0.89 **Referred to CPT:** **Referred to CPT Asst:** ☐ **Published in CPT Asst:** **Result:** Maintain



# Status Report: CMS Requests and Relativity Assessment Issues

**57240** Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele, including cystourethroscopy, when performed **Global:** 090 **Issue:** Colporrhaphy with Cystourethroscopy **Screen:** Site of Service Anomaly - 2015 **Complete?** Yes

**Most Recent RUC Meeting:** January 2017 **Tab** 14 **Specialty Developing Recommendation:** ACOG **First Identified:** October 2015 **2019 est Medicare Utilization:** 9,026 **2007 Work RVU:** 11.42 **2020 Work RVU:** 10.08 **2007 NF PE RVU:** NA **2020 NF PE RVU:** NA **2007 Fac PE RVU:** 4.22 **2020 Fac PE RVU:** 5.96 **Result:** Decrease

**RUC Recommendation:** 10.08 **Referred to CPT** September 2016 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**57250** Posterior colporrhaphy, repair of rectocele with or without perineorrhaphy **Global:** 090 **Issue:** Colporrhaphy with Cystourethroscopy **Screen:** Site of Service Anomaly - 2015 **Complete?** Yes

**Most Recent RUC Meeting:** January 2017 **Tab** 14 **Specialty Developing Recommendation:** ACOG **First Identified:** April 2016 **2019 est Medicare Utilization:** 8,757 **2007 Work RVU:** 11.42 **2020 Work RVU:** 10.08 **2007 NF PE RVU:** NA **2020 NF PE RVU:** NA **2007 Fac PE RVU:** 3.93 **2020 Fac PE RVU:** 6.00 **Result:** Decrease

**RUC Recommendation:** 10.08 **Referred to CPT** September 2016 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**57260** Combined anteroposterior colporrhaphy, including cystourethroscopy, when performed; **Global:** 090 **Issue:** Colporrhaphy with Cystourethroscopy **Screen:** Site of Service Anomaly - 2015 **Complete?** Yes

**Most Recent RUC Meeting:** January 2017 **Tab** 14 **Specialty Developing Recommendation:** ACOG **First Identified:** April 2016 **2019 est Medicare Utilization:** 9,740 **2007 Work RVU:** 14.36 **2020 Work RVU:** 13.25 **2007 NF PE RVU:** NA **2020 NF PE RVU:** NA **2007 Fac PE RVU:** 5.08 **2020 Fac PE RVU:** 7.18 **Result:** Decrease

**RUC Recommendation:** 13.25 **Referred to CPT** September 2016 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**57265** Combined anteroposterior colporrhaphy, including cystourethroscopy, when performed; with enterocele repair **Global:** 090 **Issue:** Colporrhaphy with Cystourethroscopy **Screen:** Site of Service Anomaly - 2015 **Complete?** Yes

**Most Recent RUC Meeting:** January 2017 **Tab** 14 **Specialty Developing Recommendation:** ACOG **First Identified:** April 2016 **2019 est Medicare Utilization:** 4,370 **2007 Work RVU:** 15.86 **2020 Work RVU:** 15.00 **2007 NF PE RVU:** NA **2020 NF PE RVU:** NA **2007 Fac PE RVU:** 6.1 **2020 Fac PE RVU:** 7.86 **Result:** Decrease

**RUC Recommendation:** 15.00 **Referred to CPT** September 2016 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**57282** Colpopexy, vaginal; extra-peritoneal approach (sacrospinous, iliococcygeus) **Global:** 090 **Issue:** Colpopexy **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

**Most Recent RUC Meeting:** January 2020 **Tab** 26 **Specialty Developing Recommendation:** **First Identified:** October 2019 **2019 est Medicare Utilization:** 7,042 **2007 Work RVU:** 7.84 **2020 Work RVU:** 7.97 **2007 NF PE RVU:** NA **2020 NF PE RVU:** NA **2007 Fac PE RVU:** 4.48 **2020 Fac PE RVU:** 6.03 **Result:** Increase

**RUC Recommendation:** 13.48 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**57283** Colpopexy, vaginal; intra-peritoneal approach (uterosacral, levator myorrhaphy) **Global:** 090 **Issue:** Colpopexy **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

**Most Recent RUC Meeting:** January 2020 **Tab** 26 **Specialty Developing Recommendation:** **First Identified:** October 2019 **2019 est Medicare Utilization:** 5,777 **2007 Work RVU:** 11.58 **2020 Work RVU:** 11.66 **2007 NF PE RVU:** NA **2020 NF PE RVU:** NA **2007 Fac PE RVU:** 5.74 **2020 Fac PE RVU:** 6.81 **Result:** Increase

**RUC Recommendation:** 13.51 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**57287** Removal or revision of sling for stress incontinence (eg, fascia or synthetic) **Global:** 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent RUC Meeting:** February 2008 **Tab** C **Specialty Developing Recommendation:** AUA **First Identified:** September 2007 **2019 est Medicare Utilization:** 1,737 **2007 Work RVU:** 11.49 **2020 Work RVU:** 11.15 **2007 NF PE RVU:** NA **2020 NF PE RVU:** NA **2007 Fac PE RVU:** 5.73 **2020 Fac PE RVU:** 8.02 **Result:** Decrease

**RUC Recommendation:** 10.97 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**57288** Sling operation for stress incontinence (eg, fascia or synthetic) **Global:** 090 **Issue:** Sling Operation for Stress Incontinence **Screen:** New Technology **Complete?** Yes

**Most Recent RUC Meeting:** February 2008 **Tab** O **Specialty Developing Recommendation:** ACOG, AUA **First Identified:** September 2007 **2019 est Medicare Utilization:** 25,452 **2007 Work RVU:** 14.01 **2020 Work RVU:** 12.13 **2007 NF PE RVU:** NA **2020 NF PE RVU:** NA **2007 Fac PE RVU:** 6.21 **2020 Fac PE RVU:** 7.37 **Result:** Decrease

**RUC Recommendation:** 12.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

<b>57425</b>	<b>Laparoscopy, surgical, colpopexy (suspension of vaginal apex)</b>	<b>Global:</b> 090	<b>Issue:</b> Laparoscopic Colopexy	<b>Screen:</b> Site of Service Anomaly - 2019	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2020	<b>Tab 27</b>	<b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> October 2019	<b>2019 est Medicare Utilization:</b> 9,468	<b>2007 Work RVU:</b> 16.93 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 6.71 <b>Result:</b> Increase
<b>RUC Recommendation:</b> 18.02			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> 17.03 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 8.80

<b>58100</b>	<b>Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure)</b>	<b>Global:</b> 000	<b>Issue:</b> Biopsy of Uterus Lining	<b>Screen:</b> CMS 000-Day Global Typically Reported with an E/M	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2017	<b>Tab 16</b>	<b>Specialty Developing Recommendation:</b> ACOG	<b>First Identified:</b> July 2016	<b>2019 est Medicare Utilization:</b> 68,910	<b>2007 Work RVU:</b> 1.53 <b>2007 NF PE RVU:</b> 1.27 <b>2007 Fac PE RVU:</b> 0.69 <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 1.21			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> 1.21 <b>2020 NF PE RVU:</b> 1.40 <b>2020 Fac PE RVU:</b> 0.46

<b>58110</b>	<b>Endometrial sampling (biopsy) performed in conjunction with colposcopy (List separately in addition to code for primary procedure)</b>	<b>Global:</b> ZZZ	<b>Issue:</b> Biopsy of Uterus Lining	<b>Screen:</b> CMS 000-Day Global Typically Reported with an E/M	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2017	<b>Tab 16</b>	<b>Specialty Developing Recommendation:</b> ACOG	<b>First Identified:</b> April 2017	<b>2019 est Medicare Utilization:</b> 672	<b>2007 Work RVU:</b> 0.77 <b>2007 NF PE RVU:</b> 0.51 <b>2007 Fac PE RVU:</b> 0.29 <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 0.77			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> 0.77 <b>2020 NF PE RVU:</b> 0.57 <b>2020 Fac PE RVU:</b> 0.30

# Status Report: CMS Requests and Relativity Assessment Issues

<b>58555</b>	<b>Hysteroscopy, diagnostic (separate procedure)</b>	<b>Global:</b> 000	<b>Issue:</b> Hysteroscopy	<b>Screen:</b> CMS Request - Practice Expense Review	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab 37</b>	<b>Specialty Developing Recommendation:</b> ACOG	<b>First Identified:</b> NA	<b>2019 est Medicare Utilization:</b> 1,494	<b>2007 Work RVU:</b> 3.33 <b>2007 NF PE RVU:</b> 2.32 <b>2007 Fac PE RVU:</b> 1.47 <b>2020 Work RVU:</b> 2.65 <b>2020 NF PE RVU:</b> 6.19 <b>2020 Fac PE RVU:</b> 1.35 <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 3.07			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	

<b>58558</b>	<b>Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D &amp; C</b>	<b>Global:</b> 000	<b>Issue:</b> Hysteroscopy	<b>Screen:</b> CMS Request - Practice Expense Review / CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab 37</b>	<b>Specialty Developing Recommendation:</b> ACOG	<b>First Identified:</b> NA	<b>2019 est Medicare Utilization:</b> 47,694	<b>2007 Work RVU:</b> 4.74 <b>2007 NF PE RVU:</b> 2.52 <b>2007 Fac PE RVU:</b> 2.05 <b>2020 Work RVU:</b> 4.17 <b>2020 NF PE RVU:</b> 34.80 <b>2020 Fac PE RVU:</b> 1.93 <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 4.37			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	

<b>58559</b>	<b>Hysteroscopy, surgical; with lysis of intrauterine adhesions (any method)</b>	<b>Global:</b> 000	<b>Issue:</b> Hysteroscopy	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab 37</b>	<b>Specialty Developing Recommendation:</b> ACOG	<b>First Identified:</b> July 2015	<b>2019 est Medicare Utilization:</b> 121	<b>2007 Work RVU:</b> 6.16 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 2.56 <b>2020 Work RVU:</b> 5.20 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 2.32 <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 5.54			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	

## Status Report: CMS Requests and Relativity Assessment Issues

<b>58560</b>	<b>Hysteroscopy, surgical; with division or resection of intrauterine septum (any method)</b>	<b>Global:</b> 000	<b>Issue:</b> Hysteroscopy	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab 37</b>	<b>Specialty Developing Recommendation:</b> ACOG	<b>First Identified:</b> July 2015	<b>2019 est Medicare Utilization:</b> 44	<b>2007 Work RVU:</b> 6.99 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU</b> 2.88 <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 6.15			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> 5.75 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 2.51
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<b>58561</b>	<b>Hysteroscopy, surgical; with removal of leiomyomata</b>	<b>Global:</b> 000	<b>Issue:</b> Hysteroscopy	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab 37</b>	<b>Specialty Developing Recommendation:</b> ACOG	<b>First Identified:</b> July 2015	<b>2019 est Medicare Utilization:</b> 2,396	<b>2007 Work RVU:</b> 9.99 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU</b> 4 <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 7.00			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> 6.60 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 2.84
<hr/>					
<b>58562</b>	<b>Hysteroscopy, surgical; with removal of impacted foreign body</b>	<b>Global:</b> 000	<b>Issue:</b> Hysteroscopy	<b>Screen:</b> CMS Request - Practice Expense Review / CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab 37</b>	<b>Specialty Developing Recommendation:</b> ACOG	<b>First Identified:</b> NA	<b>2019 est Medicare Utilization:</b> 206	<b>2007 Work RVU:</b> 5.20 <b>2007 NF PE RVU:</b> 2.63 <b>2007 Fac PE RVU</b> 2.21 <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 4.17			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> 4.00 <b>2020 NF PE RVU:</b> 6.69 <b>2020 Fac PE RVU:</b> 1.85
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## Status Report: CMS Requests and Relativity Assessment Issues

**58563** Hysteroscopy, surgical; with endometrial ablation (eg, endometrial resection, electrosurgical ablation, thermoablation) **Global:** 000 **Issue:** Hysteroscopy **Screen:** CMS Request - Practice Expense Review / CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** January 2016

**Tab 37** **Specialty Developing Recommendation:** ACOG

**First Identified:** NA

**2019 est Medicare Utilization:** 2,831

**2007 Work RVU:** 6.16 **2020 Work RVU:** 4.47  
**2007 NF PE RVU:** 51.38 **2020 NF PE RVU:** 50.46  
**2007 Fac PE RVU:** 2.58 **2020 Fac PE RVU:** 2.03  
**Result:** Decrease

**RUC Recommendation:** 4.62

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

**58660** Laparoscopy, surgical; with lysis of adhesions (salpingolysis, ovariolysis) (separate procedure) **Global:** 090 **Issue:** Laproscopic Procedures **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

**Most Recent RUC Meeting:** September 2007

**Tab 16** **Specialty Developing Recommendation:** AUA, ACOG

**First Identified:** September 2007

**2019 est Medicare Utilization:** 761

**2007 Work RVU:** 11.54 **2020 Work RVU:** 11.59  
**2007 NF PE RVU:** NA **2020 NF PE RVU:** NA  
**2007 Fac PE RVU:** 5.07 **2020 Fac PE RVU:** 6.08  
**Result:** PE Only

**RUC Recommendation:** Reduce 99238 to 0.5

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

**58661** Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy) **Global:** 010 **Issue:** Laproscopic Procedures **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

**Most Recent RUC Meeting:** September 2007

**Tab 16** **Specialty Developing Recommendation:** ACOG

**First Identified:** September 2007

**2019 est Medicare Utilization:** 13,081

**2007 Work RVU:** 11.30 **2020 Work RVU:** 11.35  
**2007 NF PE RVU:** NA **2020 NF PE RVU:** NA  
**2007 Fac PE RVU:** 4.84 **2020 Fac PE RVU:** 5.71  
**Result:** PE Only

**RUC Recommendation:** Reduce 99238 to 0.5

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

## Status Report: CMS Requests and Relativity Assessment Issues

**58823** Drainage of pelvic abscess, transvaginal or transrectal approach, percutaneous (eg, ovarian, pericolic) **Global:** **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** January 2013

**Tab** 04

**Specialty Developing Recommendation:**

**First Identified:** January 2012

**2019 est Medicare Utilization:**

**2007 Work RVU:** 3.37

**2020 Work RVU:**

**2007 NF PE RVU:** 20.75

**2020 NF PE RVU:**

**2007 Fac PE RVU** 1.08

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2012

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

**59400** Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care

**Global:** MMM

**Issue:** Obstetrical Care

**Screen:** High IWPUT

**Complete?** Yes

**Most Recent RUC Meeting:** October 2009

**Tab** 15

**Specialty Developing Recommendation:** ACOG, AAFP

**First Identified:** February 2008

**2019 est Medicare Utilization:** 2,825

**2007 Work RVU:** 26.80

**2020 Work RVU:** 32.16

**2007 NF PE RVU:** NA

**2020 NF PE RVU:** NA

**2007 Fac PE RVU** 15.06

**2020 Fac PE RVU:**21.24

**Result:** Increase

**RUC Recommendation:** 32.69

**Referred to CPT**

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

**59409** Vaginal delivery only (with or without episiotomy and/or forceps);

**Global:** MMM

**Issue:** Obstetrical Care

**Screen:** High IWPUT

**Complete?** Yes

**Most Recent RUC Meeting:** October 2009

**Tab** 15

**Specialty Developing Recommendation:** ACOG, AAFP

**First Identified:** February 2008

**2019 est Medicare Utilization:** 1,615

**2007 Work RVU:** 13.48

**2020 Work RVU:** 14.37

**2007 NF PE RVU:** NA

**2020 NF PE RVU:** NA

**2007 Fac PE RVU** 4.91

**2020 Fac PE RVU:**5.57

**Result:** Increase

**RUC Recommendation:** 14.37

**Referred to CPT**

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

**59410** Vaginal delivery only (with or without episiotomy and/or forceps); including postpartum care

**Global:** MMM

**Issue:** Obstetrical Care

**Screen:** High IWPUT

**Complete?** Yes

**Most Recent RUC Meeting:** October 2009

**Tab** 15

**Specialty Developing Recommendation:** ACOG, AAFP

**First Identified:** February 2008

**2019 est Medicare Utilization:** 823

**2007 Work RVU:** 15.29

**2020 Work RVU:** 18.01

**2007 NF PE RVU:** NA

**2020 NF PE RVU:** NA

**2007 Fac PE RVU** 5.96

**2020 Fac PE RVU:**7.77

**Result:** Increase

**RUC Recommendation:** 18.54

**Referred to CPT**

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

# Status Report: CMS Requests and Relativity Assessment Issues

## 59412 External cephalic version, with or without tocolysis

Global: MMM

Issue: Obstetrical Care

Screen: High IWPUT

Complete? Yes

Most Recent  
RUC Meeting: October 2009

Tab 15

Specialty Developing  
Recommendation: ACOG, AAFP

First  
Identified: April 2008

2019 est  
Medicare  
Utilization: 29

2007 Work RVU: 1.71  
2007 NF PE RVU: NA  
2007 Fac PE RVU 0.77  
Result: Maintain

2020 Work RVU: 1.71  
2020 NF PE RVU: NA  
2020 Fac PE RVU:0.81

RUC Recommendation: 1.71

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

## 59414 Delivery of placenta (separate procedure)

Global: MMM

Issue: Obstetrical Care

Screen: High IWPUT

Complete? Yes

Most Recent  
RUC Meeting: October 2009

Tab 15

Specialty Developing  
Recommendation: ACOG, AAFP

First  
Identified: April 2008

2019 est  
Medicare  
Utilization: 56

2007 Work RVU: 1.61  
2007 NF PE RVU: NA  
2007 Fac PE RVU 0.59  
Result: Maintain

2020 Work RVU: 1.61  
2020 NF PE RVU: NA  
2020 Fac PE RVU:0.61

RUC Recommendation: 1.61

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

## 59425 Antepartum care only; 4-6 visits

Global: MMM

Issue: Obstetrical Care

Screen: High IWPUT

Complete? Yes

Most Recent  
RUC Meeting: October 2009

Tab 15

Specialty Developing  
Recommendation: ACOG, AAFP

First  
Identified: April 2008

2019 est  
Medicare  
Utilization: 666

2007 Work RVU: 6.22  
2007 NF PE RVU: 4.21  
2007 Fac PE RVU 1.81  
Result: Decrease

2020 Work RVU: 6.31  
2020 NF PE RVU: 5.62  
2020 Fac PE RVU:2.43

RUC Recommendation: 6.31

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

## 59426 Antepartum care only; 7 or more visits

Global: MMM

Issue: Obstetrical Care

Screen: High IWPUT

Complete? Yes

Most Recent  
RUC Meeting: October 2009

Tab 15

Specialty Developing  
Recommendation: ACOG, AAFP

First  
Identified: April 2008

2019 est  
Medicare  
Utilization: 710

2007 Work RVU: 11.04  
2007 NF PE RVU: 7.6  
2007 Fac PE RVU 3.17  
Result: Decrease

2020 Work RVU: 11.16  
2020 NF PE RVU: 10.16  
2020 Fac PE RVU:4.31

RUC Recommendation: 11.16

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:



# Status Report: CMS Requests and Relativity Assessment Issues

## 59430 Postpartum care only (separate procedure)

Global: MMM

Issue: Obstetrical Care

Screen: High IWPUT

Complete? Yes

Most Recent  
RUC Meeting: October 2009

Tab 15

Specialty Developing  
Recommendation: ACOG, AAFP

First  
Identified: April 2008

2019 est  
Medicare  
Utilization: 1,138

2007 Work RVU: 2.13  
2007 NF PE RVU: 1.19  
2007 Fac PE RVU 0.88  
Result: Increase

2020 Work RVU: 2.47  
2020 NF PE RVU: 2.87  
2020 Fac PE RVU:0.96

RUC Recommendation: 2.47

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

## 59510 Routine obstetric care including antepartum care, cesarean delivery, and postpartum care

Global: MMM

Issue: Obstetrical Care

Screen: High IWPUT

Complete? Yes

Most Recent  
RUC Meeting: October 2009

Tab 15

Specialty Developing  
Recommendation: ACOG, AAFP

First  
Identified: February 2008

2019 est  
Medicare  
Utilization: 2,365

2007 Work RVU: 30.34  
2007 NF PE RVU: NA  
2007 Fac PE RVU 16.92  
Result: Increase

2020 Work RVU: 35.64  
2020 NF PE RVU: NA  
2020 Fac PE RVU:22.86

RUC Recommendation: 36.17

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

## 59514 Cesarean delivery only;

Global: MMM

Issue: Obstetrical Care

Screen: High IWPUT

Complete? Yes

Most Recent  
RUC Meeting: October 2009

Tab 15

Specialty Developing  
Recommendation: ACOG, AAFP

First  
Identified: October 2008

2019 est  
Medicare  
Utilization: 1,266

2007 Work RVU: 15.95  
2007 NF PE RVU: NA  
2007 Fac PE RVU 5.78  
Result: Increase

2020 Work RVU: 16.13  
2020 NF PE RVU: NA  
2020 Fac PE RVU:6.16

RUC Recommendation: 16.13

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

## 59515 Cesarean delivery only; including postpartum care

Global: MMM

Issue: Obstetrical Care

Screen: High IWPUT

Complete? Yes

Most Recent  
RUC Meeting: October 2009

Tab 15

Specialty Developing  
Recommendation: ACOG, AAFP

First  
Identified: April 2008

2019 est  
Medicare  
Utilization: 760

2007 Work RVU: 18.26  
2007 NF PE RVU: NA  
2007 Fac PE RVU 7.43  
Result: Increase

2020 Work RVU: 21.47  
2020 NF PE RVU: NA  
2020 Fac PE RVU:9.58

RUC Recommendation: 22.00

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

## Status Report: CMS Requests and Relativity Assessment Issues

**59610** Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care, after previous cesarean delivery **Global:** MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

**Most Recent RUC Meeting:** October 2009

**Tab 15 Specialty Developing Recommendation:** ACOG, AAFP

**First Identified:** April 2008

**2019 est Medicare Utilization:** 89

**2007 Work RVU:** 28.21  
**2007 NF PE RVU:** NA  
**2007 Fac PE RVU** 15.52  
**Result:** Increase

**2020 Work RVU:** 33.87  
**2020 NF PE RVU:** NA  
**2020 Fac PE RVU:**21.51

**RUC Recommendation:** 34.40

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

**59612** Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps); **Global:** MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

**Most Recent RUC Meeting:** October 2009

**Tab 15 Specialty Developing Recommendation:** ACOG, AAFP

**First Identified:** April 2008

**2019 est Medicare Utilization:** 65

**2007 Work RVU:** 15.04  
**2007 NF PE RVU:** NA  
**2007 Fac PE RVU** 5.6  
**Result:** Increase

**2020 Work RVU:** 16.09  
**2020 NF PE RVU:** NA  
**2020 Fac PE RVU:**6.07

**RUC Recommendation:** 16.09

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

**59614** Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps); including postpartum care **Global:** MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

**Most Recent RUC Meeting:** October 2009

**Tab 15 Specialty Developing Recommendation:** ACOG, AAFP

**First Identified:** April 2008

**2019 est Medicare Utilization:** 36

**2007 Work RVU:** 16.59  
**2007 NF PE RVU:** NA  
**2007 Fac PE RVU** 6.49  
**Result:** Increase

**2020 Work RVU:** 19.73  
**2020 NF PE RVU:** NA  
**2020 Fac PE RVU:**7.87

**RUC Recommendation:** 20.26

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

# Status Report: CMS Requests and Relativity Assessment Issues

**59618** Routine obstetric care including antepartum care, cesarean delivery, and postpartum care, following attempted vaginal delivery after previous cesarean delivery **Global:** MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

**Most Recent RUC Meeting:** October 2009

**Tab 15 Specialty Developing Recommendation:** ACOG, AAFP

**First Identified:** April 2008

**2019 est Medicare Utilization:** 22

**2007 Work RVU:** 31.78  
**2007 NF PE RVU:** NA  
**2007 Fac PE RVU** 17.74  
**Result:** Increase

**2020 Work RVU:** 36.16  
**2020 NF PE RVU:** NA  
**2020 Fac PE RVU:**22.95

**RUC Recommendation:** 36.69

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

**59620** Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery; **Global:** MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

**Most Recent RUC Meeting:** October 2009

**Tab 15 Specialty Developing Recommendation:** ACOG, AAFP

**First Identified:** April 2008

**2019 est Medicare Utilization:** 13

**2007 Work RVU:** 17.50  
**2007 NF PE RVU:** NA  
**2007 Fac PE RVU** 6.27  
**Result:** Decrease

**2020 Work RVU:** 16.66  
**2020 NF PE RVU:** NA  
**2020 Fac PE RVU:**6.28

**RUC Recommendation:** 16.66

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

**59622** Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery; including postpartum care **Global:** MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

**Most Recent RUC Meeting:** October 2009

**Tab 15 Specialty Developing Recommendation:** ACOG, AAFP

**First Identified:** April 2008

**2019 est Medicare Utilization:** 6

**2007 Work RVU:** 19.70  
**2007 NF PE RVU:** NA  
**2007 Fac PE RVU** 8.14  
**Result:** Increase

**2020 Work RVU:** 22.00  
**2020 NF PE RVU:** NA  
**2020 Fac PE RVU:**10.05

**RUC Recommendation:** 22.53

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

**60220** Total thyroid lobectomy, unilateral; with or without isthmusectomy **Global:** 090 **Issue:** Total Thyroid Lobectomy **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent RUC Meeting:** April 2008

**Tab 46 Specialty Developing Recommendation:** ACS, AAO-HNS

**First Identified:** September 2007

**2019 est Medicare Utilization:** 7,841

**2007 Work RVU:** 12.29  
**2007 NF PE RVU:** NA  
**2007 Fac PE RVU** 5.96  
**Result:** Maintain

**2020 Work RVU:** 11.19  
**2020 NF PE RVU:** NA  
**2020 Fac PE RVU:**7.13

**RUC Recommendation:** 12.29

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

# Status Report: CMS Requests and Relativity Assessment Issues

<b>60225</b>	<b>Total thyroid lobectomy, unilateral; with contralateral subtotal lobectomy, including isthmusectomy</b>	<b>Global:</b> 090	<b>Issue:</b> Total Thyroid Lobectomy	<b>Screen:</b> Site of Service Anomaly	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2008	<b>Tab</b> 46 <b>Specialty Developing Recommendation:</b> ACS, AAO-HNS	<b>First Identified:</b> September 2007	<b>2019 est Medicare Utilization:</b> 308	<b>2007 Work RVU:</b> 14.67 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 7.22 <b>Result:</b> Maintain	<b>2020 Work RVU:</b> 14.79 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 9.39
<b>RUC Recommendation:</b> 14.67		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>					
<b>60520</b>	<b>Thymectomy, partial or total; transcervical approach (separate procedure)</b>	<b>Global:</b> 090	<b>Issue:</b> RAW Review	<b>Screen:</b> CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2013	<b>Tab</b> 34 <b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> November 2011	<b>2019 est Medicare Utilization:</b> 437	<b>2007 Work RVU:</b> 17.07 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 7.95 <b>Result:</b> Remove from Screen	<b>2020 Work RVU:</b> 17.16 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 9.32
<b>RUC Recommendation:</b> No reliable way to determine an incremental difference from open thoracotomy to thoracoscopic procedures.		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>					
<b>60521</b>	<b>Thymectomy, partial or total; sternal split or transthoracic approach, without radical mediastinal dissection (separate procedure)</b>	<b>Global:</b> 090	<b>Issue:</b> RAW Review	<b>Screen:</b> CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2013	<b>Tab</b> 34 <b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> November 2011	<b>2019 est Medicare Utilization:</b> 254	<b>2007 Work RVU:</b> 19.11 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 9.22 <b>Result:</b> Remove from Screen	<b>2020 Work RVU:</b> 19.18 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 8.92
<b>RUC Recommendation:</b> No reliable way to determine an incremental difference from open thoracotomy to thoracoscopic procedures.		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

# Status Report: CMS Requests and Relativity Assessment Issues

<b>60522</b>	Thymectomy, partial or total; sternal split or transthoracic approach, with radical mediastinal dissection (separate procedure)	<b>Global:</b> 090	<b>Issue:</b> RAW Review	<b>Screen:</b> CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2013	<b>Tab</b> 34 <b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> November 2011	<b>2019 est Medicare Utilization:</b> 120	<b>2007 Work RVU:</b> 23.37 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 10.89 <b>Result:</b> Remove from Screen	<b>2020 Work RVU:</b> 23.48 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 10.68
<b>RUC Recommendation:</b> No reliable way to determine an incremental difference from open thoracotomy to thoracoscopic procedures.		<b>Referred to CPT</b>			
		<b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>	
<b>61055</b>	Cisternal or lateral cervical (C1-C2) puncture; with injection of medication or other substance for diagnosis or treatment	<b>Global:</b> 000	<b>Issue:</b> Myelography	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 17 <b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> January 2014	<b>2019 est Medicare Utilization:</b> 293	<b>2007 Work RVU:</b> 2.10 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 1.37 <b>Result:</b> Remove from screen	<b>2020 Work RVU:</b> 2.10 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 1.06
<b>RUC Recommendation:</b> Editorial change		<b>Referred to CPT</b> October 2013			
		<b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>	
<b>61781</b>	Stereotactic computer-assisted (navigational) procedure; cranial, intradural (List separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Stereotactic Computer-Assisted Volumetric Navigational Procedures	<b>Screen:</b> CMS Fastest Growing	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2010	<b>Tab</b> 13 <b>Specialty Developing Recommendation:</b> NASS, AANS/CNS	<b>First Identified:</b> October 2009	<b>2019 est Medicare Utilization:</b> 15,851	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease	<b>2020 Work RVU:</b> 3.75 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 1.72
<b>RUC Recommendation:</b> 3.75		<b>Referred to CPT</b> October 2009			
		<b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>	

## Status Report: CMS Requests and Relativity Assessment Issues

**61782** Stereotactic computer-assisted (navigational) procedure; cranial, extradural (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Stereotactic Computer-Assisted Volumetric Navigational Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

**Most Recent RUC Meeting:** February 2010

**Tab** 13

**Specialty Developing Recommendation:** NASS, AANS/CNS, AAO-HNS

**First Identified:** October 2009

**2019 est Medicare Utilization:** 18,750

**2007 Work RVU:**

**2020 Work RVU:** 3.18

**2007 NF PE RVU:**

**2020 NF PE RVU:** NA

**2007 Fac PE RVU**

**2020 Fac PE RVU:** 1.37

**Result:** Decrease

**RUC Recommendation:** 3.18

**Referred to CPT** October 2009

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

**61783** Stereotactic computer-assisted (navigational) procedure; spinal (List separately in addition to code for primary procedure)

**Global:** ZZZ

**Issue:** Stereotactic Computer-Assisted Volumetric Navigational Procedures

**Screen:** CMS Fastest Growing

**Complete?** Yes

**Most Recent RUC Meeting:** February 2010

**Tab** 13

**Specialty Developing Recommendation:** NASS, AANS/CNS

**First Identified:** October 2009

**2019 est Medicare Utilization:** 18,207

**2007 Work RVU:**

**2020 Work RVU:** 3.75

**2007 NF PE RVU:**

**2020 NF PE RVU:** NA

**2007 Fac PE RVU**

**2020 Fac PE RVU:** 1.76

**Result:** Decrease

**RUC Recommendation:** 3.75

**Referred to CPT** October 2009

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

**61793** Deleted from CPT

**Global:**

**Issue:** Stereotactic Radiosurgery

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

**Complete?** Yes

**Most Recent RUC Meeting:** October 2008

**Tab** 26

**Specialty Developing Recommendation:** AANS

**First Identified:** September 2007

**2019 est Medicare Utilization:**

**2007 Work RVU:** 17.75

**2020 Work RVU:**

**2007 NF PE RVU:** NA

**2020 NF PE RVU:**

**2007 Fac PE RVU** 10.08

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2008

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

# Status Report: CMS Requests and Relativity Assessment Issues

**61795 Deleted from CPT**

**Global:**

**Issue:** Stereotactic Radiosurgery

**Screen:** CMS Fastest Growing

**Complete?** Yes

**Most Recent RUC Meeting:** February 2009

**Tab** 38

**Specialty Developing Recommendation:**

NASS, AAO-HNS, AANS

**First Identified:** October 2008

**2019 est Medicare Utilization:**

**2007 Work RVU:** 4.03

**2007 NF PE RVU:** NA

**2007 Fac PE RVU:** 1.87

**Result:** Deleted from CPT

**2020 Work RVU:**

**2020 NF PE RVU:**

**2020 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2009

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**61796 Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 simple cranial lesion**

**Global:** 090

**Issue:** Stereotactic Radiosurgery

**Screen:** CMS Request - 2009 Final Rule

**Complete?** Yes

**Most Recent RUC Meeting:** February 2009

**Tab** 38

**Specialty Developing Recommendation:**

**First Identified:** NA

**2019 est Medicare Utilization:** 6,704

**2007 Work RVU:**

**2007 NF PE RVU:**

**2007 Fac PE RVU**

**Result:** Decrease

**2020 Work RVU:** 13.93

**2020 NF PE RVU:** NA

**2020 Fac PE RVU:**10.23

**RUC Recommendation:** 15.50

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**61797 Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, simple (List separately in addition to code for primary procedure)**

**Global:** ZZZ

**Issue:** Stereotactic Radiosurgery

**Screen:** CMS Request - 2009 Final Rule

**Complete?** Yes

**Most Recent RUC Meeting:** February 2009

**Tab** 38

**Specialty Developing Recommendation:**

**First Identified:** NA

**2019 est Medicare Utilization:** 8,122

**2007 Work RVU:**

**2007 NF PE RVU:**

**2007 Fac PE RVU**

**Result:** Decrease

**2020 Work RVU:** 3.48

**2020 NF PE RVU:** NA

**2020 Fac PE RVU:**1.60

**RUC Recommendation:** 3.48

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**61798 Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 complex cranial lesion**

**Global:** 090

**Issue:** Stereotactic Radiosurgery

**Screen:** CMS Request - 2009 Final Rule

**Complete?** Yes

**Most Recent RUC Meeting:** February 2009

**Tab** 38

**Specialty Developing Recommendation:**

**First Identified:** NA

**2019 est Medicare Utilization:** 3,528

**2007 Work RVU:**

**2007 NF PE RVU:**

**2007 Fac PE RVU**

**Result:** Decrease

**2020 Work RVU:** 19.85

**2020 NF PE RVU:** NA

**2020 Fac PE RVU:**12.84

**RUC Recommendation:** 19.75

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

**61799** Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, complex (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Stereotactic Radiosurgery **Screen:** CMS Request - 2009 Final Rule **Complete?** Yes

**Most Recent RUC Meeting:** February 2009

**Tab 38** **Specialty Developing Recommendation:**

**First Identified:** NA

**2019 est Medicare Utilization:** 570

**2007 Work RVU:**  
**2007 NF PE RVU:**  
**2007 Fac PE RVU Result:** Decrease

**2020 Work RVU:** 4.81  
**2020 NF PE RVU:** NA  
**2020 Fac PE RVU:** 2.21

**RUC Recommendation:** 4.81

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

**61800** Application of stereotactic headframe for stereotactic radiosurgery (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Stereotactic Radiosurgery **Screen:** CMS Fastest Growing, Site of Service Anomaly (99238-Only) **Complete?** Yes

**Most Recent RUC Meeting:** April 2008

**Tab 16** **Specialty Developing Recommendation:**

**First Identified:** February 2008

**2019 est Medicare Utilization:** 5,499

**2007 Work RVU:**  
**2007 NF PE RVU:**  
**2007 Fac PE RVU Result:** Decrease

**2020 Work RVU:** 2.25  
**2020 NF PE RVU:** NA  
**2020 Fac PE RVU:** 1.34

**RUC Recommendation:** 2.25

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

**61885** Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array **Global:** 090 **Issue:** Vagal Nerve Stimulator **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent RUC Meeting:** February 2010

**Tab 14** **Specialty Developing Recommendation:** AANS/CNS

**First Identified:** September 2007

**2019 est Medicare Utilization:** 5,787

**2007 Work RVU:** 7.37  
**2007 NF PE RVU:** NA  
**2007 Fac PE RVU Result:** Decrease

**2020 Work RVU:** 6.05  
**2020 NF PE RVU:** NA  
**2020 Fac PE RVU:** 6.76

**RUC Recommendation:** 6.44

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



## Status Report: CMS Requests and Relativity Assessment Issues

<b>62263</b>	<b>Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 2 or more days</b>	<b>Global:</b> 010	<b>Issue:</b> Epidural Lysis	<b>Screen:</b> Site of Service Anomaly	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2010	<b>Tab</b> 66	<b>Specialty Developing Recommendation:</b> AAPM, AANS/CNS, ASA, NASS	<b>First Identified:</b> September 2007	<b>2019 est Medicare Utilization:</b> 302	<b>2007 Work RVU:</b> 6.41 <b>2007 NF PE RVU:</b> 11.78 <b>2007 Fac PE RVU</b> 3.11 <b>Result:</b> Maintain <b>2020 Work RVU:</b> 5.00 <b>2020 NF PE RVU:</b> 12.03 <b>2020 Fac PE RVU:</b> 3.43
<b>RUC Recommendation:</b> 6.54			<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>
<hr/>					
<b>62270</b>	<b>Spinal puncture, lumbar, diagnostic;</b>	<b>Global:</b> 000	<b>Issue:</b> Lumbar Puncture	<b>Screen:</b> Different Performing Specialty from Survey	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2019	<b>Tab</b> 09	<b>Specialty Developing Recommendation:</b> ACR, ASNR, SIR	<b>First Identified:</b> October 2017	<b>2019 est Medicare Utilization:</b> 79,126	<b>2007 Work RVU:</b> 1.37 <b>2007 NF PE RVU:</b> 2.82 <b>2007 Fac PE RVU</b> 0.55 <b>Result:</b> Increase <b>2020 Work RVU:</b> 1.22 <b>2020 NF PE RVU:</b> 2.59 <b>2020 Fac PE RVU:</b> 0.41
<b>RUC Recommendation:</b> 1.44			<b>Referred to CPT</b> September 2018	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>
<hr/>					
<b>62272</b>	<b>Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter);</b>	<b>Global:</b> 000	<b>Issue:</b> Lumbar Puncture	<b>Screen:</b> Different Performing Specialty from Survey	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2019	<b>Tab</b> 09	<b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> September 2018	<b>2019 est Medicare Utilization:</b> 6,301	<b>2007 Work RVU:</b> 1.35 <b>2007 NF PE RVU:</b> 3.47 <b>2007 Fac PE RVU</b> 0.68 <b>Result:</b> Increase <b>2020 Work RVU:</b> 1.58 <b>2020 NF PE RVU:</b> 3.32 <b>2020 Fac PE RVU:</b> 0.64
<b>RUC Recommendation:</b> 1.80			<b>Referred to CPT</b> September 2018	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>

# Status Report: CMS Requests and Relativity Assessment Issues

<b>62281</b>	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, cervical or thoracic	<b>Global:</b> 010	<b>Issue:</b> Injection of Neurolytic Agent	<b>Screen:</b> Site of Service Anomaly (99238-Only)	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2007	<b>Tab</b> 16 <b>Specialty Developing Recommendation:</b> ASA	<b>First Identified:</b> September 2007	<b>2019 est Medicare Utilization:</b> 390	<b>2007 Work RVU:</b> 2.66 <b>2007 NF PE RVU:</b> 5.16 <b>2007 Fac PE RVU:</b> 0.89 <b>Result:</b> PE Only	<b>2020 Work RVU:</b> 2.66 <b>2020 NF PE RVU:</b> 3.91 <b>2020 Fac PE RVU:</b> 1.66
<b>RUC Recommendation:</b> Remove 99238		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Q&A May 2010		
<b>62284</b>	Injection procedure for myelography and/or computed tomography, lumbar	<b>Global:</b> 000	<b>Issue:</b> Myelography	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 17 <b>Specialty Developing Recommendation:</b> ACR, ASNR	<b>First Identified:</b> October 2012	<b>2019 est Medicare Utilization:</b> 16,213	<b>2007 Work RVU:</b> 1.54 <b>2007 NF PE RVU:</b> 4.62 <b>2007 Fac PE RVU:</b> 0.67 <b>Result:</b> Maintain	<b>2020 Work RVU:</b> 1.54 <b>2020 NF PE RVU:</b> 3.94 <b>2020 Fac PE RVU:</b> 0.78
<b>RUC Recommendation:</b> 1.54		<b>Referred to CPT</b> October 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>62287</b>	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle based technique to remove disc material under fluoroscopic imaging or other form of indirect visualization, with discography and/or epidural injection(s) at the treated level(s), when performed, single or multiple levels, lumbar	<b>Global:</b> 090	<b>Issue:</b> Percutaneous Discectomy	<b>Screen:</b> Site of Service Anomaly (99238-Only)	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2007	<b>Tab</b> 16 <b>Specialty Developing Recommendation:</b> ASA	<b>First Identified:</b> September 2007	<b>2019 est Medicare Utilization:</b> 166	<b>2007 Work RVU:</b> 8.88 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 5.18 <b>Result:</b> PE Only	<b>2020 Work RVU:</b> 9.03 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 6.58
<b>RUC Recommendation:</b> Reduce 99238 to 0.5		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

# Status Report: CMS Requests and Relativity Assessment Issues

<b>62290</b>	Injection procedure for discography, each level; lumbar	<b>Global:</b> 000	<b>Issue:</b> Injection for discography	<b>Screen:</b> Different Performing Specialty from Survey	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2010	<b>Tab</b> 45	<b>Specialty Developing Recommendation:</b> ASA, AAPM, AAMPR, AUR, NASS, ACR, ASNR, ISIS, AANS	<b>First Identified:</b> October 2009	<b>2019 est Medicare Utilization:</b> 7,115	<b>2007 Work RVU:</b> 3.00 <b>2007 NF PE RVU:</b> 6.43 <b>2007 Fac PE RVU:</b> 1.31 <b>2020 Work RVU:</b> 3.00 <b>2020 NF PE RVU:</b> 6.80 <b>2020 Fac PE RVU:</b> 1.51
<b>RUC Recommendation:</b> 3.00, CPT Assistant article published.			<b>Referred to CPT</b>	<b>Result:</b> Maintain	
			<b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Mar 2011	
<b>62302</b>	Myelography via lumbar injection, including radiological supervision and interpretation; cervical	<b>Global:</b> 000	<b>Issue:</b> Myelography	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 17	<b>Specialty Developing Recommendation:</b> ACR, ASNR	<b>First Identified:</b> October 2012	<b>2019 est Medicare Utilization:</b> 4,191	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>2020 Work RVU:</b> 2.29 <b>2020 NF PE RVU:</b> 4.89 <b>2020 Fac PE RVU:</b> 1.02
<b>RUC Recommendation:</b> 2.29			<b>Referred to CPT</b> October 2013	<b>Result:</b> Decrease	
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
<b>62303</b>	Myelography via lumbar injection, including radiological supervision and interpretation; thoracic	<b>Global:</b> 000	<b>Issue:</b> Myelography	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 17	<b>Specialty Developing Recommendation:</b> ACR, ASNR	<b>First Identified:</b> October 2012	<b>2019 est Medicare Utilization:</b> 411	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>2020 Work RVU:</b> 2.29 <b>2020 NF PE RVU:</b> 5.03 <b>2020 Fac PE RVU:</b> 1.02
<b>RUC Recommendation:</b> 2.29			<b>Referred to CPT</b> October 2013	<b>Result:</b> Decrease	
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	

# Status Report: CMS Requests and Relativity Assessment Issues

**62304** Myelography via lumbar injection, including radiological supervision and interpretation; lumbosacral **Global:** 000 **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab 17 Specialty Developing Recommendation:** ACR, ASNR

**First Identified:** October 2012

**2019 est Medicare Utilization:** 18,417

**2007 Work RVU:**

**2020 Work RVU:** 2.25

**2007 NF PE RVU:**

**2020 NF PE RVU:** 4.83

**2007 Fac PE RVU**

**2020 Fac PE RVU:**1.01

**Result:** Decrease

**RUC Recommendation:** 2.25

**Referred to CPT** October 2013

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

**62305** Myelography via lumbar injection, including radiological supervision and interpretation; 2 or more regions (eg, lumbar/thoracic, cervical/thoracic, lumbar/cervical, lumbar/thoracic/cervical)

**Global:** 000

**Issue:** Myelography

**Screen:** Codes Reported Together 75% or More-Part2

**Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab 17 Specialty Developing Recommendation:** ACR, ASNR

**First Identified:** October 2012

**2019 est Medicare Utilization:** 6,616

**2007 Work RVU:**

**2020 Work RVU:** 2.35

**2007 NF PE RVU:**

**2020 NF PE RVU:** 5.37

**2007 Fac PE RVU**

**2020 Fac PE RVU:**1.05

**Result:** Decrease

**RUC Recommendation:** 2.35

**Referred to CPT** October 2013

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

**62310** Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; cervical or thoracic

**Global:**

**Issue:** Epidural Injections

**Screen:** CMS High Expenditure Procedural Codes1 / Final Rule for 2015

**Complete?** Yes

**Most Recent RUC Meeting:** October 2015

**Tab 10 Specialty Developing Recommendation:** AAPM, AAPMR, ASA, ISIS, NASS, ASNR, ASIPP

**First Identified:** January 2012

**2019 est Medicare Utilization:**

**2007 Work RVU:** 1.91

**2020 Work RVU:**

**2007 NF PE RVU:** 4.35

**2020 NF PE RVU:**

**2007 Fac PE RVU** 0.63

**2020 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** May 2015

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

**Result:** Deleted from CPT

## Status Report: CMS Requests and Relativity Assessment Issues

<b>62311</b>	Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal)	<b>Global:</b>	<b>Issue:</b> Epidural Injections	<b>Screen:</b> CMS High Expenditure Procedural Codes1 / Final Rule for 2015	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2015	<b>Tab</b> 10	<b>Specialty Developing Recommendation:</b> AAPM, AAPMR, ASA, ISIS, NASS, ASNR, ASIPP	<b>First Identified:</b> September 2011	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> 1.54 <b>2007 NF PE RVU:</b> 4.35 <b>2007 Fac PE RVU:</b> 0.58 <b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> May 2015 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>	<b>Result:</b> Deleted from CPT	

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<b>62318</b>	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, includes contrast for localization when performed, epidural or subarachnoid; cervical or thoracic	<b>Global:</b>	<b>Issue:</b> Epidural Injections	<b>Screen:</b> CMS High Expenditure Procedural Codes1 / Final Rule for 2015	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2015	<b>Tab</b> 10	<b>Specialty Developing Recommendation:</b> AAPM, AAPMR, ASA, ISIS, NASS, ASNR, ASIPP	<b>First Identified:</b> January 2012	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> 2.04 <b>2007 NF PE RVU:</b> 5.09 <b>2007 Fac PE RVU:</b> 0.61 <b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> May 2015 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>	<b>Result:</b> Deleted from CPT	

## Status Report: CMS Requests and Relativity Assessment Issues

<b>62319</b>	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal)	<b>Global:</b>	<b>Issue:</b> Epidural Injections	<b>Screen:</b> CMS High Expenditure Procedural Codes1 / Final Rule for 2015	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2015	<b>Tab</b> 10	<b>Specialty Developing Recommendation:</b> AAPM, AAPMR, ASA, ISIS, NASS, ASNR, ASIPP	<b>First Identified:</b> January 2012	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> 1.87 <b>2007 NF PE RVU:</b> 4.45 <b>2007 Fac PE RVU:</b> 0.58 <b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> May 2015 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>	<b>Result:</b> Deleted from CPT	

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<b>62320</b>	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance	<b>Global:</b> 000	<b>Issue:</b> Epidural Injections	<b>Screen:</b> Final Rule for 2015	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2015	<b>Tab</b> 10	<b>Specialty Developing Recommendation:</b> AANS, AANEM, AAPM, AAPM&R, ACR, ASIPP, ASA, ASNR, CNS, ISIS, NASS	<b>First Identified:</b> May 2015	<b>2019 est Medicare Utilization:</b> 5,631	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>2020 Work RVU:</b> 1.80 <b>2020 NF PE RVU:</b> 2.69 <b>2020 Fac PE RVU:</b> 0.88
<b>RUC Recommendation:</b> 1.80			<b>Referred to CPT</b> May 2015 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>	<b>Result:</b> Decrease	

## Status Report: CMS Requests and Relativity Assessment Issues

**62321** Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT) **Global:** 000 **Issue:** Epidural Injections **Screen:** Final Rule for 2015 **Complete?** Yes

**Most Recent RUC Meeting:** October 2015

**Tab** 10

**Specialty Developing Recommendation:**

AANS,  
AANEM,  
AAPM,  
AAPM&R,  
ACR, ASIPP,  
ASA, ASNR,  
CNS, ISIS,  
NASS

**First Identified:** May 2015

**2019 est Medicare Utilization:** 217,240

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

**2020 Work RVU:** 1.95  
**2020 NF PE RVU:** 5.24  
**2020 Fac PE RVU:** 0.96

**RUC Recommendation:** 1.95

**Referred to CPT** May 2015

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

**Result:** Decrease

**62322** Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance **Global:** 000 **Issue:** Epidural Injections **Screen:** Final Rule for 2015 **Complete?** Yes

**Most Recent RUC Meeting:** October 2015

**Tab** 10

**Specialty Developing Recommendation:**

AANS,  
AANEM,  
AAPM,  
AAPM&R,  
ACR, ASIPP,  
ASA, ASNR,  
CNS, ISIS,  
NASS

**First Identified:** May 2015

**2019 est Medicare Utilization:** 42,693

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

**2020 Work RVU:** 1.55  
**2020 NF PE RVU:** 2.57  
**2020 Fac PE RVU:** 0.73

**RUC Recommendation:** 1.55

**Referred to CPT** May 2015

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

**Result:** Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

**62323** Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT) **Global:** 000 **Issue:** Epidural Injections **Screen:** Final Rule for 2015 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** October 2015

**Tab** 10

**Specialty Developing**  
**Recommendation:**

AANS,  
AANEM,  
AAPM,  
AAPM&R,  
ACR, ASIPP,  
ASA, ASNR,  
CNS, ISIS,  
NASS

**First**  
**Identified:** May 2015

**2019 est**  
**Medicare**  
**Utilization:** 699,990

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

**2020 Work RVU:** 1.80  
**2020 NF PE RVU:** 5.31  
**2020 Fac PE RVU:** 0.88

**RUC Recommendation:** 1.80

**Referred to CPT** May 2015

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

**Result:** Decrease

**62324** Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance

**Global:** 000

**Issue:** Epidural Injections

**Screen:** Final Rule for 2015

**Complete?** Yes

**Most Recent**  
**RUC Meeting:** October 2015

**Tab** 10

**Specialty Developing**  
**Recommendation:**

AANS,  
AANEM,  
AAPM,  
AAPM&R,  
ACR, ASIPP,  
ASA, ASNR,  
CNS, ISIS,  
NASS

**First**  
**Identified:** May 2015

**2019 est**  
**Medicare**  
**Utilization:** 19,559

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

**2020 Work RVU:** 1.89  
**2020 NF PE RVU:** 2.02  
**2020 Fac PE RVU:** 0.54

**RUC Recommendation:** 1.89

**Referred to CPT** May 2015

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

**Result:** Decrease



## Status Report: CMS Requests and Relativity Assessment Issues

**62325** Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)

**Global:** 000

**Issue:** Epidural Injections

**Screen:** Final Rule for 2015

**Complete?** Yes

**Most Recent  
RUC Meeting:** October 2015

**Tab** 10

**Specialty Developing  
Recommendation:**

AANS,  
AANEM,  
AAPM,  
AAPM&R,  
ACR, ASIPP,  
ASA, ASNR,  
CNS, ISIS,  
NASS

**First  
Identified:** May 2015

**2019 est  
Medicare  
Utilization:** 1,225

**2007 Work RVU:**

**2020 Work RVU:** 2.20

**2007 NF PE RVU:**

**2020 NF PE RVU:** 4.55

**2007 Fac PE RVU**

**2020 Fac PE RVU:**0.74

**RUC Recommendation:** 2.20

**Referred to CPT** May 2015

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

**Result:** Decrease

**62326** Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance

**Global:** 000

**Issue:** Epidural Injections

**Screen:** Final Rule for 2015

**Complete?** Yes

**Most Recent  
RUC Meeting:** October 2015

**Tab** 10

**Specialty Developing  
Recommendation:**

AANS,  
AANEM,  
AAPM,  
AAPM&R,  
ACR, ASIPP,  
ASA, ASNR,  
CNS, ISIS,  
NASS

**First  
Identified:** May 2015

**2019 est  
Medicare  
Utilization:** 4,644

**2007 Work RVU:**

**2020 Work RVU:** 1.78

**2007 NF PE RVU:**

**2020 NF PE RVU:** 2.25

**2007 Fac PE RVU**

**2020 Fac PE RVU:**0.59

**RUC Recommendation:** 1.78

**Referred to CPT** May 2015

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

**Result:** Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

**62327** Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT) **Global:** 000 **Issue:** Epidural Injections **Screen:** Final Rule for 2015 **Complete?** Yes

**Most Recent RUC Meeting:** October 2015 **Tab** 10 **Specialty Developing Recommendation:** AANS, AANEM, AAPM, AAPM&R, ACR, ASIPP, ASA, ASNR, CNS, ISIS, NASS **First Identified:** May 2015 **2019 est Medicare Utilization:** 1,995 **2007 Work RVU:** **2020 Work RVU:** 1.90 **2007 NF PE RVU:** **2020 NF PE RVU:** 4.99 **2007 Fac PE RVU:** **2020 Fac PE RVU:** 0.81

**RUC Recommendation:** 1.90

**Referred to CPT** May 2015

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

**Result:** Decrease

**62328** Spinal puncture, lumbar, diagnostic; with fluoroscopic or CT guidance **Global:** 000 **Issue:** Lumbar Puncture **Screen:** Different Performing Specialty from Survey **Complete?** Yes

**Most Recent RUC Meeting:** January 2019 **Tab** 09 **Specialty Developing Recommendation:** **First Identified:** September 2018 **2019 est Medicare Utilization:** **2007 Work RVU:** **2020 Work RVU:** 1.73 **2007 NF PE RVU:** **2020 NF PE RVU:** 5.43 **2007 Fac PE RVU:** **2020 Fac PE RVU:** 0.62

**RUC Recommendation:** 1.95

**Referred to CPT** September 2018

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

**Result:** Increase

**62329** Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter); with fluoroscopic or CT guidance **Global:** 000 **Issue:** Lumbar Puncture **Screen:** Different Performing Specialty from Survey **Complete?** Yes

**Most Recent RUC Meeting:** January 2019 **Tab** 09 **Specialty Developing Recommendation:** **First Identified:** September 2018 **2019 est Medicare Utilization:** **2007 Work RVU:** **2020 Work RVU:** 2.03 **2007 NF PE RVU:** **2020 NF PE RVU:** 6.73 **2007 Fac PE RVU:** **2020 Fac PE RVU:** 0.80

**RUC Recommendation:** 2.25

**Referred to CPT** September 2018

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

**Result:** Increase

## Status Report: CMS Requests and Relativity Assessment Issues

**62350** Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; without laminectomy **Global:** 010 **Issue:** Intrathecal Epidural Catheters & Pumps **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent RUC Meeting:** October 2010

**Tab 67 Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, ISIS, NASS

**First Identified:** September 2007

**2019 est Medicare Utilization:** 5,884

**2007 Work RVU:** 8.04

**2020 Work RVU:** 6.05

**2007 NF PE RVU:** NA

**2020 NF PE RVU:** NA

**2007 Fac PE RVU** 4

**2020 Fac PE RVU:**4.28

**RUC Recommendation:** 6.05

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**Result:** Decrease

**62355** Removal of previously implanted intrathecal or epidural catheter

**Global:** 010

**Issue:** Intrathecal Epidural Catheters & Pumps

**Screen:** Site of Service Anomaly

**Complete?** Yes

**Most Recent RUC Meeting:** October 2010

**Tab 67 Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, ISIS, NASS

**First Identified:** September 2007

**2019 est Medicare Utilization:** 1,056

**2007 Work RVU:** 6.60

**2020 Work RVU:** 3.55

**2007 NF PE RVU:** NA

**2020 NF PE RVU:** NA

**2007 Fac PE RVU** 3.27

**2020 Fac PE RVU:**3.46

**RUC Recommendation:** 4.35

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**Result:** Decrease

**62360** Implantation or replacement of device for intrathecal or epidural drug infusion; subcutaneous reservoir

**Global:** 010

**Issue:** Intrathecal Epidural Catheters & Pumps

**Screen:** Site of Service Anomaly

**Complete?** Yes

**Most Recent RUC Meeting:** October 2010

**Tab 67 Specialty Developing Recommendation:** AAPMR, ASA, NASS, AAPM, AANS/CNS

**First Identified:** April 2008

**2019 est Medicare Utilization:** 242

**2007 Work RVU:** 3.68

**2020 Work RVU:** 4.33

**2007 NF PE RVU:** NA

**2020 NF PE RVU:** NA

**2007 Fac PE RVU** 2.87

**2020 Fac PE RVU:**3.80

**RUC Recommendation:** 4.33

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**Result:** Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

<b>62361</b>	<b>Implantation or replacement of device for intrathecal or epidural drug infusion; nonprogrammable pump</b>	<b>Global:</b> 010	<b>Issue:</b> Intrathecal Epidural Catheters & Pumps	<b>Screen:</b> Site of Service Anomaly	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2010	<b>Tab</b> 67	<b>Specialty Developing Recommendation:</b> AAPM, AANS/CNS, ASA, ISIS, NASS	<b>First Identified:</b> April 2008	<b>2019 est Medicare Utilization:</b> 36	<b>2007 Work RVU:</b> 6.59 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 3.94 <b>2020 Work RVU:</b> 5.00 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 5.47
<b>RUC Recommendation:</b> 5.65			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease
<b>62362</b>	<b>Implantation or replacement of device for intrathecal or epidural drug infusion; programmable pump, including preparation of pump, with or without programming</b>	<b>Global:</b> 010	<b>Issue:</b> Intrathecal Epidural Catheters & Pumps	<b>Screen:</b> Site of Service Anomaly	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2010	<b>Tab</b> 67	<b>Specialty Developing Recommendation:</b> AAPM, AANS/CNS, ASA, ISIS, NASS	<b>First Identified:</b> September 2007	<b>2019 est Medicare Utilization:</b> 8,146	<b>2007 Work RVU:</b> 8.58 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 4.46 <b>2020 Work RVU:</b> 5.60 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 4.26
<b>RUC Recommendation:</b> 6.10			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease
<b>62365</b>	<b>Removal of subcutaneous reservoir or pump, previously implanted for intrathecal or epidural infusion</b>	<b>Global:</b> 010	<b>Issue:</b> Intrathecal Epidural Catheters & Pumps	<b>Screen:</b> Site of Service Anomaly	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2010	<b>Tab</b> 67	<b>Specialty Developing Recommendation:</b> AAPMR, ASA, NASS, AAPM, AANS/CNS	<b>First Identified:</b> September 2007	<b>2019 est Medicare Utilization:</b> 1,266	<b>2007 Work RVU:</b> 6.57 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 3.65 <b>2020 Work RVU:</b> 3.93 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 3.65
<b>RUC Recommendation:</b> 4.65			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

**62367** Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); without reprogramming or refill **Global:** XXX **Issue:** Electronic Analysis Implanted Pump (PE Only) **Screen:** Different Performing Specialty from Survey **Complete?** Yes

**Most Recent RUC Meeting:** April 2018

**Tab 14 Specialty Developing Recommendation:** AAPM, AAPMR, ASA, SIS

**First Identified:** October 2009

**2019 est Medicare Utilization:** 10,982

**2007 Work RVU:** 0.48

**2020 Work RVU:** 0.48

**2007 NF PE RVU:** 0.56

**2020 NF PE RVU:** 0.38

**2007 Fac PE RVU:** 0.1

**2020 Fac PE RVU:** 0.19

**RUC Recommendation:** New PE inputs. 0.48

**Referred to CPT** October 2010

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

**Result:** Maintain

**62368** Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming **Global:** XXX **Issue:** Electronic Analysis Implanted Pump (PE Only) **Screen:** Different Performing Specialty from Survey / Codes Reported Together 75% or More-Part1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2018

**Tab 14 Specialty Developing Recommendation:** AAPM, AAPMR, ASA, SIS

**First Identified:** October 2009

**2019 est Medicare Utilization:** 43,410

**2007 Work RVU:** 0.75

**2020 Work RVU:** 0.67

**2007 NF PE RVU:** 0.67

**2020 NF PE RVU:** 0.53

**2007 Fac PE RVU:** 0.17

**2020 Fac PE RVU:** 0.27

**RUC Recommendation:** New PE inputs. 0.67

**Referred to CPT** October 2010

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

**Result:** Decrease

**62369** Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming and refill **Global:** XXX **Issue:** Electronic Analysis Implanted Pump (PE Only) **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2018

**Tab 14 Specialty Developing Recommendation:** AAPM, AAPMR, ASA, SIS

**First Identified:** October 2010

**2019 est Medicare Utilization:** 31,581

**2007 Work RVU:**

**2020 Work RVU:** 0.67

**2007 NF PE RVU:**

**2020 NF PE RVU:** 1.97

**2007 Fac PE RVU**

**2020 Fac PE RVU:** 0.27

**RUC Recommendation:** New PE inputs. 0.67

**Referred to CPT** October 2010

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

**Result:** Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

<b>62370</b>	Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming and refill (requiring skill of a physician or other qualified health care professional)	<b>Global:</b> XXX	<b>Issue:</b> Electronic Analysis Implanted Pump (PE Only)	<b>Screen:</b> Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2018	<b>Tab 14</b>	<b>Specialty Developing Recommendation:</b> AAPM, AAPMR, ASA, SIS	<b>First Identified:</b> October 2010	<b>2019 est Medicare Utilization:</b> 101,707	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease <b>2020 Work RVU:</b> 0.90 <b>2020 NF PE RVU:</b> 1.84 <b>2020 Fac PE RVU:</b> 0.35
<b>RUC Recommendation:</b> New PE inputs. 1.10			<b>Referred to CPT</b> October 2010 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		
<b>63030</b>	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar	<b>Global:</b> 090	<b>Issue:</b> RAW	<b>Screen:</b> Pre-Time Analysis / Site of Service Anomaly - 2018	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> January 2019	<b>Tab 37</b>	<b>Specialty Developing Recommendation:</b> AANS, AAOS, NASS	<b>First Identified:</b> January 2014	<b>2019 est Medicare Utilization:</b> 27,404	<b>2007 Work RVU:</b> 13.03 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU Result:</b> Maintain <b>2020 Work RVU:</b> 13.18 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 11.01
<b>RUC Recommendation:</b> Review action plan. Maintain work RVU and adjust the times from pre-time package 4.			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		
<b>63042</b>	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; lumbar	<b>Global:</b> 090	<b>Issue:</b> RAW	<b>Screen:</b> Pre-Time Analysis	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2014	<b>Tab 21</b>	<b>Specialty Developing Recommendation:</b> AANS, AAOS, NASS	<b>First Identified:</b> January 2014	<b>2019 est Medicare Utilization:</b> 10,851	<b>2007 Work RVU:</b> 18.61 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU Result:</b> Maintain <b>2020 Work RVU:</b> 18.76 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 13.57
<b>RUC Recommendation:</b> Maintain work RVU and adjust the times from pre-time package 4.			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		

## Status Report: CMS Requests and Relativity Assessment Issues

<b>63045</b>	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; cervical	<b>Global:</b> 090	<b>Issue:</b> Laminectomy	<b>Screen:</b> CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2014	<b>Tab</b> 16 <b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> November 2013	<b>2019 est Medicare Utilization:</b> 10,977	<b>2007 Work RVU:</b> 17.82 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 10.4 <b>Result:</b> Maintain	<b>2020 Work RVU:</b> 17.95 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 13.41
<b>RUC Recommendation:</b> 17.95		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>63046</b>	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; thoracic	<b>Global:</b> 090	<b>Issue:</b> Laminectomy	<b>Screen:</b> CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2014	<b>Tab</b> 16 <b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> November 2013	<b>2019 est Medicare Utilization:</b> 4,057	<b>2007 Work RVU:</b> 17.12 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 10.13 <b>Result:</b> Maintain	<b>2020 Work RVU:</b> 17.25 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 12.98
<b>RUC Recommendation:</b> 17.25		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>63047</b>	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar	<b>Global:</b> 090	<b>Issue:</b> Laminectomy	<b>Screen:</b> CMS High Expenditure Procedural Codes <sup>1</sup>	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2013	<b>Tab</b> 24 <b>Specialty Developing Recommendation:</b> NASS, AANS	<b>First Identified:</b> September 2011	<b>2019 est Medicare Utilization:</b> 101,838	<b>2007 Work RVU:</b> 15.22 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 9.79 <b>Result:</b> Maintain	<b>2020 Work RVU:</b> 15.37 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 12.02
<b>RUC Recommendation:</b> 15.37		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

# Status Report: CMS Requests and Relativity Assessment Issues

<b>63048</b>	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Laminectomy	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2013	<b>Tab</b> 24	<b>Specialty Developing Recommendation:</b> NASS, AANS	<b>First Identified:</b> January 2012	<b>2019 est Medicare Utilization:</b> 128,927	<b>2007 Work RVU:</b> 3.47 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 1.58 <b>Result:</b> Maintain <b>2020 Work RVU:</b> 3.47 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 1.66
<b>RUC Recommendation:</b> 3.47			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
<hr/>					
<b>63056</b>	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; lumbar (including transfacet, or lateral extraforaminal approach) (eg, far lateral herniated intervertebral disc)	<b>Global:</b> 090	<b>Issue:</b> RAW	<b>Screen:</b> CMS Fastest Growing / CPT Assistant Analysis	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2015	<b>Tab</b> 21	<b>Specialty Developing Recommendation:</b> NASS, AANS	<b>First Identified:</b> October 2008	<b>2019 est Medicare Utilization:</b> 6,048	<b>2007 Work RVU:</b> 21.73 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 12.31 <b>Result:</b> Maintain <b>2020 Work RVU:</b> 21.86 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 14.71
<b>RUC Recommendation:</b> Review action plan at RAW Oct 2015. Maintain			<b>Referred to CPT</b> February 2010 <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Oct 2009	
<hr/>					
<b>63075</b>	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, single interspace	<b>Global:</b> 090	<b>Issue:</b> Arthrodesis Including Discectomy	<b>Screen:</b> Codes Reported Together 95% or More	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2010	<b>Tab</b> 5	<b>Specialty Developing Recommendation:</b> NASS, AANS/CNS	<b>First Identified:</b> February 2008	<b>2019 est Medicare Utilization:</b> 428	<b>2007 Work RVU:</b> 19.47 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 11.87 <b>Result:</b> Maintain <b>2020 Work RVU:</b> 19.60 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 13.77
<b>RUC Recommendation:</b> 19.60			<b>Referred to CPT</b> October 2009 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	



## Status Report: CMS Requests and Relativity Assessment Issues

<b>63076</b>	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, each additional interspace (List separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Arthrodesis Including Discectomy	<b>Screen:</b> Codes Reported Together 95% or More	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2010	<b>Tab</b> 5	<b>Specialty Developing Recommendation:</b> NASS, AANS/CNS	<b>First Identified:</b>	<b>2019 est Medicare Utilization:</b> 313	<b>2007 Work RVU:</b> 4.04 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 1.93 <b>2020 Work RVU:</b> 4.04 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 1.93
<b>RUC Recommendation:</b> 4.04			<b>Referred to CPT</b> October 2009 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Maintain
<b>63090</b>	Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; single segment	<b>Global:</b> 090	<b>Issue:</b> Vertebral Corpectomy with Arthrodesis	<b>Screen:</b> Codes Reported Together 75% or More-Part3	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab</b> 30	<b>Specialty Developing Recommendation:</b> AAOS, AANS	<b>First Identified:</b> January 2015	<b>2019 est Medicare Utilization:</b> 719	<b>2007 Work RVU:</b> 30.78 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 15.58 <b>2020 Work RVU:</b> 30.93 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 18.33
<b>RUC Recommendation:</b> Review action plan and additional data			<b>Referred to CPT</b> September 2016 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b>
<b>63620</b>	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion	<b>Global:</b> 090	<b>Issue:</b> Stereotactic Radiosurgery	<b>Screen:</b> CMS Request - 2009 Final Rule	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2009	<b>Tab</b> 38	<b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> NA	<b>2019 est Medicare Utilization:</b> 492	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>2020 Work RVU:</b> 15.60 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 11.01
<b>RUC Recommendation:</b> 15.50			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

63621	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional spinal lesion (List separately in addition to code for primary procedure)			Global: ZZZ	Issue: Stereotactic Radiosurgery	Screen: CMS Request - 2009 Final Rule	Complete? Yes
Most Recent RUC Meeting:	February 2009	Tab 38	Specialty Developing Recommendation:	First Identified: NA	2019 est Medicare Utilization: 160	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2020 Work RVU: 4.00 2020 NF PE RVU: NA 2020 Fac PE RVU:1.84
RUC Recommendation: 4.00				Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
63650	Percutaneous implantation of neurostimulator electrode array, epidural			Global: 010	Issue: Percutaneous implantation of neurostimulator	Screen: Site of Service Anomaly / CMS Fastest Growing / CMS Request - Final Rule for 2013	Complete? Yes
Most Recent RUC Meeting:	April 2013	Tab 22	Specialty Developing Recommendation: AAPM, AANS/CNS, ASA, ISIS, NASS	First Identified: September 2007	2019 est Medicare Utilization: 92,083	2007 Work RVU: 7.57 2007 NF PE RVU: NA 2007 Fac PE RVU 3.11	2020 Work RVU: 7.15 2020 NF PE RVU: 46.26 2020 Fac PE RVU:4.01
RUC Recommendation: 7.20. New PE Inputs				Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Decrease	
63655	Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural			Global: 090	Issue: Neurostimulator (Spinal)	Screen: CMS Fastest Growing	Complete? Yes
Most Recent RUC Meeting:	April 2009	Tab 17	Specialty Developing Recommendation: NASS, AANS	First Identified: October 2008	2019 est Medicare Utilization: 8,801	2007 Work RVU: 11.43 2007 NF PE RVU: NA 2007 Fac PE RVU 7.15	2020 Work RVU: 10.92 2020 NF PE RVU: NA 2020 Fac PE RVU:9.64
RUC Recommendation: 11.43				Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Maintain	

# Status Report: CMS Requests and Relativity Assessment Issues

**63660 Deleted from CPT**

**Global:**

**Issue:** Neurostimulator (Spinal)

**Screen:** Site of Service Anomaly / CMS Fastest Growing

**Complete?** Yes

**Most Recent RUC Meeting:** April 2009

**Tab** 17

**Specialty Developing Recommendation:**

AAPM, AANS/CNS, ASA, ISIS, NASS

**First Identified:** September 2007

**2019 est Medicare Utilization:**

**2007 Work RVU:** 6.87

**2020 Work RVU:**

**2007 NF PE RVU:** NA

**2020 NF PE RVU:**

**2007 Fac PE RVU** 3.54

**2020 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2008

**Result:** Deleted from CPT

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

**63661 Removal of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed**

**Global:** 010

**Issue:** Neurostimulator (Spinal)

**Screen:** Site of Service Anomaly / CMS Fastest Growing

**Complete?** Yes

**Most Recent RUC Meeting:** April 2009

**Tab** 17

**Specialty Developing Recommendation:**

ISIS, NASS, AANS/CNS, ASA, AAPM

**First Identified:**

**2019 est Medicare Utilization:** 3,832

**2007 Work RVU:**

**2020 Work RVU:** 5.08

**2007 NF PE RVU:**

**2020 NF PE RVU:** 12.39

**2007 Fac PE RVU**

**2020 Fac PE RVU:** 3.40

**RUC Recommendation:** 5.03

**Referred to CPT**

**Result:** Decrease

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

**63662 Removal of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed**

**Global:** 090

**Issue:** Neurostimulator (Spinal)

**Screen:** Site of Service Anomaly / CMS Fastest Growing

**Complete?** Yes

**Most Recent RUC Meeting:** April 2009

**Tab** 17

**Specialty Developing Recommendation:**

ISIS, NASS, AANS/CNS, ASA, AAPM

**First Identified:**

**2019 est Medicare Utilization:** 2,414

**2007 Work RVU:**

**2020 Work RVU:** 11.00

**2007 NF PE RVU:**

**2020 NF PE RVU:** NA

**2007 Fac PE RVU**

**2020 Fac PE RVU:** 9.79

**RUC Recommendation:** 10.87

**Referred to CPT**

**Result:** Decrease

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

# Status Report: CMS Requests and Relativity Assessment Issues

**63663** Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed **Global:** 010 **Issue:** Neurostimulator (Spinal) **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

**Most Recent RUC Meeting:** April 2009 **Tab** 17 **Specialty Developing Recommendation:** ISIS, NASS, AANS/CNS, ASA, AAPM **First Identified:** **2019 est Medicare Utilization:** 1,584 **2007 Work RVU:** **2020 Work RVU:** 7.75 **2007 NF PE RVU:** **2020 NF PE RVU:** 15.59 **2007 Fac PE RVU** **2020 Fac PE RVU:** 4.21 **Result:** Decrease

**RUC Recommendation:** 70 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**63664** Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed **Global:** 090 **Issue:** Neurostimulator (Spinal) **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

**Most Recent RUC Meeting:** April 2009 **Tab** 17 **Specialty Developing Recommendation:** ISIS, NASS, AANS/CNS, ASA, AAPM **First Identified:** **2019 est Medicare Utilization:** 692 **2007 Work RVU:** **2020 Work RVU:** 11.52 **2007 NF PE RVU:** **2020 NF PE RVU:** NA **2007 Fac PE RVU** **2020 Fac PE RVU:** 10.04 **Result:** Decrease

**RUC Recommendation:** 11.39 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**63685** Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling **Global:** 010 **Issue:** Neurostimulators **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

**Most Recent RUC Meeting:** October 2010 **Tab** 68 **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, ISIS, NASS **First Identified:** September 2007 **2019 est Medicare Utilization:** 29,921 **2007 Work RVU:** 7.87 **2020 Work RVU:** 5.19 **2007 NF PE RVU:** NA **2020 NF PE RVU:** NA **2007 Fac PE RVU** 4.03 **2020 Fac PE RVU:** 4.15 **Result:** Decrease

**RUC Recommendation:** 6.05 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**63688** Revision or removal of implanted spinal neurostimulator pulse generator or receiver **Global:** 010 **Issue:** Neurostimulators **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent RUC Meeting:** February 2008 **Tab** 1 **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, ISIS, NASS **First Identified:** September 2007 **2019 est Medicare Utilization:** 8,593 **2007 Work RVU:** 6.10 **2020 Work RVU:** 5.30 **2007 NF PE RVU:** NA **2020 NF PE RVU:** NA **2007 Fac PE RVU:** 3.56 **2020 Fac PE RVU:** 4.28 **RUC Recommendation:** 5.25 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

**64405** Injection(s), anesthetic agent(s) and/or steroid; greater occipital nerve **Global:** 000 **Issue:** Injection - Greater Occipital Nerve **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

**Most Recent RUC Meeting:** April 2017 **Tab** 17 **Specialty Developing Recommendation:** AAN, AAPM, AAPMR, ASA **First Identified:** July 2016 **2019 est Medicare Utilization:** 134,871 **2007 Work RVU:** 1.32 **2020 Work RVU:** 0.94 **2007 NF PE RVU:** 1.39 **2020 NF PE RVU:** 0.92 **2007 Fac PE RVU:** 0.47 **2020 Fac PE RVU:** 0.40 **RUC Recommendation:** 0.94 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

**64412** Injection, anesthetic agent; spinal accessory nerve **Global:** **Issue:** Anesthetic Injection – Spinal Nerve **Screen:** High Volume Growth2 **Complete?** Yes

**Most Recent RUC Meeting:** April 2014 **Tab** 36 **Specialty Developing Recommendation:** AAN, ASA, AAPMR, ISIS **First Identified:** April 2013 **2019 est Medicare Utilization:** **2007 Work RVU:** 1.18 **2020 Work RVU:** **2007 NF PE RVU:** 2.5 **2020 NF PE RVU:** **2007 Fac PE RVU:** 0.46 **2020 Fac PE RVU:** **RUC Recommendation:** Deleted from CPT **Referred to CPT** October 2014 **Referred to CPT Asst** ☒ **Published in CPT Asst:** FAQ Sept 2015 **Result:** Deleted from CPT

## Status Report: CMS Requests and Relativity Assessment Issues

<b>64415</b>	<b>Injection(s), anesthetic agent(s) and/or steroid; brachial plexus</b>	<b>Global:</b> 000	<b>Issue:</b>	<b>Screen:</b> CMS Fastest Growing	<b>Complete?</b> No
<b>Most Recent</b>	<b>Tab</b> 09	<b>Specialty Developing</b>	AAPM, ASA	<b>First Identified:</b> October 2008	<b>2019 est Medicare Utilization:</b> 199,150
<b>RUC Meeting:</b> October 2018		<b>Recommendation:</b>			
<b>RUC Recommendation:</b> Refer to CPT for bundling. 1.48			<b>Referred to CPT</b> October 2020	<b>2007 Work RVU:</b> 1.48	<b>2020 Work RVU:</b> 1.35
			<b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>2007 NF PE RVU:</b> 2.47	<b>2020 NF PE RVU:</b> 1.76
			<b>Published in CPT Asst:</b> Dec 2011 & Apr 2012	<b>2007 Fac PE RVU</b> 0.43	<b>2020 Fac PE RVU:</b> 0.37
				<b>Result:</b> Maintain	

<b>64416</b>	<b>Injection(s), anesthetic agent(s) and/or steroid; brachial plexus, continuous infusion by catheter (including catheter placement)</b>	<b>Global:</b> 000	<b>Issue:</b> Anesthetic Agent Nerve Injection	<b>Screen:</b> Site of Service Anomaly / High Volume Growth2	<b>Complete?</b> No
<b>Most Recent</b>	<b>Tab</b> 09	<b>Specialty Developing</b>	ASA	<b>First Identified:</b> September 2007	<b>2019 est Medicare Utilization:</b> 17,912
<b>RUC Meeting:</b> October 2018		<b>Recommendation:</b>			
<b>RUC Recommendation:</b> Refer to CPT for bundling. Remove from screen. 1.81			<b>Referred to CPT</b> October 2020	<b>2007 Work RVU:</b> 3.85	<b>2020 Work RVU:</b> 1.48
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>2007 NF PE RVU:</b> NA	<b>2020 NF PE RVU:</b> NA
			<b>Published in CPT Asst:</b>	<b>2007 Fac PE RVU</b> 0.74	<b>2020 Fac PE RVU:</b> 0.26
				<b>Result:</b> Decrease	

<b>64417</b>	<b>Injection(s), anesthetic agent(s) and/or steroid; axillary nerve</b>	<b>Global:</b> 000	<b>Issue:</b> Somatic Nerve Injection	<b>Screen:</b> part of New/Revised Review	<b>Complete?</b> No
<b>Most Recent</b>	<b>Tab</b> 09	<b>Specialty Developing</b>	ASA	<b>First Identified:</b> October 2018	<b>2019 est Medicare Utilization:</b> 15,765
<b>RUC Meeting:</b> October 2018		<b>Recommendation:</b>			
<b>RUC Recommendation:</b> Refer to CPT			<b>Referred to CPT</b> October 2020	<b>2007 Work RVU:</b> 1.44	<b>2020 Work RVU:</b> 1.27
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>2007 NF PE RVU:</b> 2.65	<b>2020 NF PE RVU:</b> 2.51
			<b>Published in CPT Asst:</b>	<b>2007 Fac PE RVU</b> 0.46	<b>2020 Fac PE RVU:</b> 0.37
				<b>Result:</b>	

# Status Report: CMS Requests and Relativity Assessment Issues

<b>64418</b>	Injection(s), anesthetic agent(s) and/or steroid; suprascapular nerve	<b>Global:</b> 000	<b>Issue:</b> Injection, Anesthetic Agent	<b>Screen:</b> Harvard Valued - Utilization over 30,000-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab</b> 28	<b>Specialty Developing Recommendation:</b> AAPM, AAPMR, ASA	<b>First Identified:</b> October 2015	<b>2019 est Medicare Utilization:</b> 31,818	<b>2007 Work RVU:</b> 1.32 <b>2007 NF PE RVU:</b> 2.43 <b>2007 Fac PE RVU:</b> 0.46 <b>Result:</b> Decrease <b>2020 Work RVU:</b> 1.10 <b>2020 NF PE RVU:</b> 1.20 <b>2020 Fac PE RVU:</b> 0.42
<b>RUC Recommendation:</b> 1.10			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
<hr/>					
<b>64445</b>	Injection(s), anesthetic agent(s) and/or steroid; sciatic nerve	<b>Global:</b> 000	<b>Issue:</b> RAW	<b>Screen:</b> CMS Fastest Growing	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2017	<b>Tab</b> 19	<b>Specialty Developing Recommendation:</b> AAPM, ASA	<b>First Identified:</b> October 2008	<b>2019 est Medicare Utilization:</b> 130,719	<b>2007 Work RVU:</b> 1.48 <b>2007 NF PE RVU:</b> 2.42 <b>2007 Fac PE RVU:</b> 0.51 <b>Result:</b> Maintain <b>2020 Work RVU:</b> 1.00 <b>2020 NF PE RVU:</b> 2.48 <b>2020 Fac PE RVU:</b> 0.46
<b>RUC Recommendation:</b> 1.48			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Dec 2011 & Apr 2012	
<hr/>					
<b>64446</b>	Injection(s), anesthetic agent(s) and/or steroid; sciatic nerve, continuous infusion by catheter (including catheter placement)	<b>Global:</b> 000	<b>Issue:</b> Anesthetic Agent Nerve Injection	<b>Screen:</b> Site of Service Anomaly / High Volume Growth1	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> October 2018	<b>Tab</b> 09	<b>Specialty Developing Recommendation:</b> ASA	<b>First Identified:</b> February 2008	<b>2019 est Medicare Utilization:</b> 5,880	<b>2007 Work RVU:</b> 3.61 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 0.9 <b>Result:</b> Decrease <b>2020 Work RVU:</b> 1.36 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 0.24
<b>RUC Recommendation:</b> Refer to CPT for bundling. 1.81			<b>Referred to CPT</b> October 2020 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
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<b>64447</b>	Injection(s), anesthetic agent(s) and/or steroid; femoral nerve	<b>Global:</b> 000	<b>Issue:</b>	<b>Screen:</b> CMS Fastest Growing	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> October 2018	<b>Tab</b> 09	<b>Specialty Developing Recommendation:</b> AAPM, ASA	<b>First Identified:</b> October 2008	<b>2019 est Medicare Utilization:</b> 282,703	<b>2007 Work RVU:</b> 1.50 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 0.38 <b>Result:</b> Maintain <b>2020 Work RVU:</b> 1.10 <b>2020 NF PE RVU:</b> 1.34 <b>2020 Fac PE RVU:</b> 0.34
<b>RUC Recommendation:</b> Refer to CPT for bundling. 1.50			<b>Referred to CPT</b> October 2020 <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Dec 2011 & Apr 2012	

## Status Report: CMS Requests and Relativity Assessment Issues

<b>64448</b>	Injection(s), anesthetic agent(s) and/or steroid; femoral nerve, continuous infusion by catheter (including catheter placement)	<b>Global:</b> 000	<b>Issue:</b> Anesthetic Agent Nerve Injection	<b>Screen:</b> Site of Service Anomaly / High Volume Growth1 / CMS Fastest Growing / High Volume Growth2	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> October 2018	<b>Tab</b> 09 <b>Specialty Developing Recommendation:</b> ASA	<b>First Identified:</b> February 2008	<b>2019 est Medicare Utilization:</b> 40,188	<b>2007 Work RVU:</b> 3.36 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 0.73 <b>Result:</b> Decrease	<b>2020 Work RVU:</b> 1.41 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 0.25
<b>RUC Recommendation:</b> Refer to CPT for Bundling. Remove from screen. 1.63		<b>Referred to CPT</b> October 2020	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
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<b>64449</b>	Injection(s), anesthetic agent(s) and/or steroid; lumbar plexus, posterior approach, continuous infusion by catheter (including catheter placement)	<b>Global:</b> 000	<b>Issue:</b> Anesthetic Agent Nerve Injection	<b>Screen:</b> Site of Service Anomaly	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2008	<b>Tab</b> 19 <b>Specialty Developing Recommendation:</b> ASA	<b>First Identified:</b> September 2007	<b>2019 est Medicare Utilization:</b> 1,957	<b>2007 Work RVU:</b> 3.24 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 0.84 <b>Result:</b> Decrease	<b>2020 Work RVU:</b> 1.27 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 0.40
<b>RUC Recommendation:</b> 1.81		<b>Referred to CPT</b> February 2008	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
<hr/>					
<b>64450</b>	Injection(s), anesthetic agent(s) and/or steroid; other peripheral nerve or branch	<b>Global:</b> 000	<b>Issue:</b> Somatic Nerve Injection	<b>Screen:</b> Harvard Valued - Utilization over 100,000 / Harvard-Valued Annual Allowed Charges Greater than \$10 million / High Volume Growth4	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2018	<b>Tab</b> 09 <b>Specialty Developing Recommendation:</b> ASA, AAPM, APMA, ASIPP	<b>First Identified:</b> October 2009	<b>2019 est Medicare Utilization:</b> 467,316	<b>2007 Work RVU:</b> 1.27 <b>2007 NF PE RVU:</b> 1.25 <b>2007 Fac PE RVU:</b> 0.49 <b>Result:</b> Maintain	<b>2020 Work RVU:</b> 0.75 <b>2020 NF PE RVU:</b> 1.34 <b>2020 Fac PE RVU:</b> 0.39
<b>RUC Recommendation:</b> 0.75		<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Jan 2013	



# Status Report: CMS Requests and Relativity Assessment Issues

<b>64455</b>	Injection(s), anesthetic agent and/or steroid, plantar common digital nerve(s) (eg, Morton's neuroma)	<b>Global:</b> 000	<b>Issue:</b> Injection – Digital Nerves	<b>Screen:</b> High Volume Growth4 / CMS 000-Day Global Typically Reported with an E/M	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2017	<b>Tab</b> 18	<b>Specialty Developing Recommendation:</b> AAOS, AOFAS, APMA	<b>First Identified:</b> October 2016	<b>2019 est Medicare Utilization:</b> 74,450	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Maintain <b>2020 Work RVU:</b> 0.75 <b>2020 NF PE RVU:</b> 0.57 <b>2020 Fac PE RVU:</b> 0.19
<b>RUC Recommendation:</b> 0.75			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
<b>64461</b>	Paravertebral block (PVB) (paraspinous block), thoracic; single injection site (includes imaging guidance, when performed)	<b>Global:</b> 000	<b>Issue:</b> Paravertebral Block Injection	<b>Screen:</b> New code for CPT 2016.	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2015	<b>Tab</b> 10	<b>Specialty Developing Recommendation:</b> ASA	<b>First Identified:</b> April 2015	<b>2019 est Medicare Utilization:</b> 4,096	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Not Part of RAW <b>2020 Work RVU:</b> 1.75 <b>2020 NF PE RVU:</b> 1.87 <b>2020 Fac PE RVU:</b> 0.34
<b>RUC Recommendation:</b> CPT Assistant article published Jan 2016			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Jan 2016	
<b>64462</b>	Paravertebral block (PVB) (paraspinous block), thoracic; second and any additional injection site(s) (includes imaging guidance, when performed) (List separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Paravertebral Block Injection	<b>Screen:</b> New code for CPT 2016.	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2015	<b>Tab</b> 10	<b>Specialty Developing Recommendation:</b> ASA	<b>First Identified:</b> April 2015	<b>2019 est Medicare Utilization:</b> 1,483	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Not Part of RAW <b>2020 Work RVU:</b> 1.10 <b>2020 NF PE RVU:</b> 0.92 <b>2020 Fac PE RVU:</b> 0.23
<b>RUC Recommendation:</b> CPT Assistant article published Jan 2016			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Jan 2016	

# Status Report: CMS Requests and Relativity Assessment Issues

<b>64463</b>	Paravertebral block (PVB) (paraspinous block), thoracic; continuous infusion by catheter (includes imaging guidance, when performed)	<b>Global:</b> 000	<b>Issue:</b> Paravertebral Block Injection	<b>Screen:</b> New code for CPT 2016.	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2015	<b>Tab</b> 10 <b>Specialty Developing Recommendation:</b> ASA	<b>First Identified:</b> April 2015	<b>2019 est Medicare Utilization:</b> 1,514	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU</b>	<b>2020 Work RVU:</b> 1.90 <b>2020 NF PE RVU:</b> 3.65 <b>2020 Fac PE RVU:</b> 0.34
<b>RUC Recommendation:</b> CPT Assistant article published Jan 2016		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Jan 2016	<b>Result:</b> Not Part of RAW	
<hr/>					
<b>64470</b>	Deleted from CPT	<b>Global:</b>	<b>Issue:</b> Injection Anesthetic Agent	<b>Screen:</b> High Volume Growth1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2008	<b>Tab</b> 57 <b>Specialty Developing Recommendation:</b> ASA, NASS, AAPM	<b>First Identified:</b> April 2008	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> 1.85 <b>2007 NF PE RVU:</b> 6.37 <b>2007 Fac PE RVU</b> 0.71	<b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> February 2009 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Deleted from CPT	
<hr/>					
<b>64472</b>	Deleted from CPT	<b>Global:</b>	<b>Issue:</b> Injection Anesthetic Agent	<b>Screen:</b> High Volume Growth1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2008	<b>Tab</b> 57 <b>Specialty Developing Recommendation:</b> ASA, NASS, AAPM	<b>First Identified:</b> February 2008	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> 1.29 <b>2007 NF PE RVU:</b> 2.05 <b>2007 Fac PE RVU</b> 0.34	<b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> February 2009 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Deleted from CPT	
<hr/>					
<b>64475</b>	Deleted from CPT	<b>Global:</b>	<b>Issue:</b> Injection Anesthetic Agent	<b>Screen:</b> High Volume Growth1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2008	<b>Tab</b> 57 <b>Specialty Developing Recommendation:</b> ASA, NASS, AAPM	<b>First Identified:</b> April 2008	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> 1.41 <b>2007 NF PE RVU:</b> 6.07 <b>2007 Fac PE RVU</b> 0.62	<b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> February 2009 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Deleted from CPT	

# Status Report: CMS Requests and Relativity Assessment Issues

**64476 Deleted from CPT**

**Global:**

**Issue:** Injection Anesthetic Agent

**Screen:** High Volume Growth1

**Complete?** Yes

**Most Recent RUC Meeting:** April 2008

**Tab** 57

**Specialty Developing Recommendation:** ASA, NASS, AAPM

**First Identified:** April 2008

**2019 est Medicare Utilization:**

**2007 Work RVU:** 0.98

**2020 Work RVU:**

**2007 NF PE RVU:** 1.86

**2020 NF PE RVU:**

**2007 Fac PE RVU** 0.24

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2009

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

**64479 Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level**

**Global:** 000

**Issue:** Injection Anesthetic Agent

**Screen:** CMS Fastest Growing

**Complete?** Yes

**Most Recent RUC Meeting:** October 2009

**Tab** 05

**Specialty Developing Recommendation:** AAPM, ISIS, ASA, NASS, AAPMR

**First Identified:** October 2008

**2019 est Medicare Utilization:** 44,367

**2007 Work RVU:** 2.20

**2020 Work RVU:** 2.29

**2007 NF PE RVU:** 6.55

**2020 NF PE RVU:** 4.75

**2007 Fac PE RVU** 0.87

**2020 Fac PE RVU:**1.26

**Result:** Increase

**RUC Recommendation:** 2.29

**Referred to CPT** June 2009

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

**64480 Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional level (List separately in addition to code for primary procedure)**

**Global:** ZZZ

**Issue:** Injection Anesthetic Agent

**Screen:** CMS Fastest Growing

**Complete?** Yes

**Most Recent RUC Meeting:** October 2009

**Tab** 05

**Specialty Developing Recommendation:** AAPM, ISIS, ASA, NASS, AAPMR

**First Identified:** October 2008

**2019 est Medicare Utilization:** 19,219

**2007 Work RVU:** 1.54

**2020 Work RVU:** 1.20

**2007 NF PE RVU:** 2.5

**2020 NF PE RVU:** 2.29

**2007 Fac PE RVU** 0.45

**2020 Fac PE RVU:**0.48

**Result:** Decrease

**RUC Recommendation:** 1.20

**Referred to CPT** June 2009

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

**64483 Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level**

**Global:** 000

**Issue:** Injection of Anesthetic Agent

**Screen:** CMS Fastest Growing

**Complete?** Yes

**Most Recent RUC Meeting:** October 2009

**Tab** 05

**Specialty Developing Recommendation:** AAPM, ISIS, ASA, NASS, AAPMR

**First Identified:** October 2008

**2019 est Medicare Utilization:** 1,044,547

**2007 Work RVU:** 1.90

**2020 Work RVU:** 1.90

**2007 NF PE RVU:** 6.86

**2020 NF PE RVU:** 4.65

**2007 Fac PE RVU** 0.81

**2020 Fac PE RVU:**1.13

**Result:** Decrease

**RUC Recommendation:** 1.90

**Referred to CPT** June 2009

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

# Status Report: CMS Requests and Relativity Assessment Issues

**64484** Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional level (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Injection of Anesthetic Agent **Screen:** CMS Fastest Growing **Complete?** Yes

**Most Recent RUC Meeting:** October 2009 **Tab** 05 **Specialty Developing Recommendation:** AAPM, ISIS, ASA, NASS, AAPMR **First Identified:** October 2008 **2019 est Medicare Utilization:** 431,178 **2007 Work RVU:** 1.33 **2020 Work RVU:** 1.00 **2007 NF PE RVU:** 2.86 **2020 NF PE RVU:** 1.87 **2007 Fac PE RVU:** 0.36 **2020 Fac PE RVU:** 0.41 **Result:** Decrease

**RUC Recommendation:** 1.00 **Referred to CPT** June 2009 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**64490** Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level **Global:** 000 **Issue:** Facet Joint Injections **Screen:** High Volume Growth1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2009 **Tab** 18 **Specialty Developing Recommendation:** ASA, NASS, ASNR, AAPMR, AANS/CNS, AAPM, ISIS **First Identified:** **2019 est Medicare Utilization:** 265,103 **2007 Work RVU:** **2020 Work RVU:** 1.82 **2007 NF PE RVU:** **2020 NF PE RVU:** 3.42 **2007 Fac PE RVU:** **2020 Fac PE RVU:** 1.04 **Result:** Decrease

**RUC Recommendation:** 1.82 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**64491** Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; second level (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Facet Joint Injections **Screen:** High Volume Growth1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2009 **Tab** 18 **Specialty Developing Recommendation:** ASA, NASS, ASNR, AAPMR, AANS/CNS, AAPM, ISIS **First Identified:** **2019 est Medicare Utilization:** 239,462 **2007 Work RVU:** **2020 Work RVU:** 1.16 **2007 NF PE RVU:** **2020 NF PE RVU:** 1.45 **2007 Fac PE RVU:** **2020 Fac PE RVU:** 0.46 **Result:** Decrease

**RUC Recommendation:** 1.16 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

<b>64492</b>	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; third and any additional level(s) (List separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Facet Joint Injections	<b>Screen:</b> High Volume Growth1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2009	<b>Tab 18</b>	<b>Specialty Developing Recommendation:</b> ASA, NASS, ASNR, AAPMR, AANS/CNS, AAPM, ISIS	<b>First Identified:</b>	<b>2019 est Medicare Utilization:</b> 156,746	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>2020 Work RVU:</b> 1.16 <b>2020 NF PE RVU:</b> 1.47 <b>2020 Fac PE RVU:</b> 0.48
<b>RUC Recommendation:</b> 1.16			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease
<b>64493</b>	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	<b>Global:</b> 000	<b>Issue:</b> Facet Joint Injections	<b>Screen:</b> High Volume Growth1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2009	<b>Tab 18</b>	<b>Specialty Developing Recommendation:</b> ASA, NASS, ASNR, AAPMR, AANS/CNS, AAPM, ISIS	<b>First Identified:</b>	<b>2019 est Medicare Utilization:</b> 901,171	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>2020 Work RVU:</b> 1.52 <b>2020 NF PE RVU:</b> 3.28 <b>2020 Fac PE RVU:</b> 0.93
<b>RUC Recommendation:</b> 1.52			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease
<b>64494</b>	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level (List separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Facet Joint Injections	<b>Screen:</b> High Volume Growth1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2009	<b>Tab 18</b>	<b>Specialty Developing Recommendation:</b> ASA, NASS, ASNR, AAPMR, AANS/CNS, AAPM, ISIS	<b>First Identified:</b>	<b>2019 est Medicare Utilization:</b> 809,666	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>2020 Work RVU:</b> 1.00 <b>2020 NF PE RVU:</b> 1.44 <b>2020 Fac PE RVU:</b> 0.40
<b>RUC Recommendation:</b> 1.00			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

**64495** Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s) (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Facet Joint Injections **Screen:** High Volume Growth1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2009

**Tab** 18

**Specialty Developing Recommendation:**

ASA, NASS, ASNR, AAPMR, AANS/CNS, AAPM, ISIS

**First Identified:**

**2019 est Medicare Utilization:** 456,363

**2007 Work RVU:**

**2020 Work RVU:** 1.00

**2007 NF PE RVU:**

**2020 NF PE RVU:** 1.44

**2007 Fac PE RVU**

**2020 Fac PE RVU:**0.42

**RUC Recommendation:** 1.00

**Referred to CPT**

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

**Result:** Decrease

**64510** Injection, anesthetic agent; stellate ganglion (cervical sympathetic) **Global:** 000 **Issue:** Fluroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

**Most Recent RUC Meeting:** April 2009

**Tab** 27

**Specialty Developing Recommendation:**

ASA, ISIS, AAPM, APM&R

**First Identified:** April 2009

**2019 est Medicare Utilization:** 6,436

**2007 Work RVU:** 1.22

**2020 Work RVU:** 1.22

**2007 NF PE RVU:** 3.06

**2020 NF PE RVU:** 2.62

**2007 Fac PE RVU** 0.49

**2020 Fac PE RVU:**0.83

**RUC Recommendation:** New PE inputs

**Referred to CPT**

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

**Result:** PE Only

**64520** Injection, anesthetic agent; lumbar or thoracic (paravertebral sympathetic) **Global:** 000 **Issue:** Fluroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

**Most Recent RUC Meeting:** April 2009

**Tab** 27

**Specialty Developing Recommendation:**

ASA, ISIS, AAPM, APM&R

**First Identified:** April 2009

**2019 est Medicare Utilization:** 18,919

**2007 Work RVU:** 1.35

**2020 Work RVU:** 1.35

**2007 NF PE RVU:** 4.5

**2020 NF PE RVU:** 4.61

**2007 Fac PE RVU** 0.54

**2020 Fac PE RVU:**0.90

**RUC Recommendation:** PE Review - no change

**Referred to CPT**

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

**Result:** PE Only

# Status Report: CMS Requests and Relativity Assessment Issues

<b>64550</b>	<b>Application of surface (transcutaneous) neurostimulator (eg, TENS unit)</b>	<b>Global:</b>	<b>Issue:</b> Percutaneous Neurostimulator Placement	<b>Screen:</b> Final Rule for 2015	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab 29</b>	<b>Specialty Developing Recommendation:</b> AANS, CNS, AOTA	<b>First Identified:</b> January 2017	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> 0.18 <b>2007 NF PE RVU:</b> 0.26 <b>2007 Fac PE RVU:</b> 0.05 <b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> June 2017 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Deleted from CPT
<hr/>					
<b>64553</b>	<b>Percutaneous implantation of neurostimulator electrode array; cranial nerve</b>	<b>Global:</b> 010	<b>Issue:</b> Percutaneous Neurostimulator Placement	<b>Screen:</b> Final Rule for 2015	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab 15</b>	<b>Specialty Developing Recommendation:</b> AANS, CNS, ASA	<b>First Identified:</b> July 2014	<b>2019 est Medicare Utilization:</b> 484	<b>2007 Work RVU:</b> 2.33 <b>2007 NF PE RVU:</b> 2.75 <b>2007 Fac PE RVU:</b> 1.73 <b>2020 Work RVU:</b> 6.13 <b>2020 NF PE RVU:</b> 50.47 <b>2020 Fac PE RVU:</b> 3.26
<b>RUC Recommendation:</b> 6.13			<b>Referred to CPT</b> September 2016 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Increase
<hr/>					
<b>64555</b>	<b>Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)</b>	<b>Global:</b> 010	<b>Issue:</b> Percutaneous Neurostimulator Placement	<b>Screen:</b> High Volume Growth1 / CMS Fastest Growing / Final Rule for 2015 / CPT Assistant Analysis 2018	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2019	<b>Tab 37</b>	<b>Specialty Developing Recommendation:</b> AANS, CNS, ASA	<b>First Identified:</b> February 2008	<b>2019 est Medicare Utilization:</b> 3,342	<b>2007 Work RVU:</b> 2.29 <b>2007 NF PE RVU:</b> 2.96 <b>2007 Fac PE RVU:</b> 1.23 <b>2020 Work RVU:</b> 5.76 <b>2020 NF PE RVU:</b> 46.70 <b>2020 Fac PE RVU:</b> 3.32
<b>RUC Recommendation:</b> 5.76. Article published Jan2016 and addressed issues.			<b>Referred to CPT</b> September 2016 <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Jan 2016	<b>Result:</b> Increase

## Status Report: CMS Requests and Relativity Assessment Issues

<b>64561</b>	<b>Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed</b>	<b>Global:</b> 010	<b>Issue:</b> Percutaneous NeurostimulatorPlacement	<b>Screen:</b> CMS Fastest Growing / High Volume Growth2 / High Level E/M in Global Period	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab</b> 15 <b>Specialty Developing Recommendation:</b> AANS, CNS	<b>First Identified:</b> October 2008	<b>2019 est Medicare Utilization:</b> 14,987	<b>2007 Work RVU:</b> 7.07 <b>2007 NF PE RVU:</b> 27.51 <b>2007 Fac PE RVU:</b> 3.05 <b>Result:</b> Decrease	<b>2020 Work RVU:</b> 5.44 <b>2020 NF PE RVU:</b> 15.26 <b>2020 Fac PE RVU:</b> 2.67
<b>RUC Recommendation:</b> 5.44. 99214 visit appropriate. Remove from screen.		<b>Referred to CPT</b> September 2016 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			
<b>64565</b>	<b>Percutaneous implantation of neurostimulator electrode array; neuromuscular</b>	<b>Global:</b>	<b>Issue:</b> Percutaneous NeurostimulatorPlacement	<b>Screen:</b> Final Rule for 2015	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab</b> 15 <b>Specialty Developing Recommendation:</b> AANS, CNS	<b>First Identified:</b> January 2017	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> 1.78 <b>2007 NF PE RVU:</b> 3.08 <b>2007 Fac PE RVU:</b> 1.27 <b>Result:</b> Deleted from CPT	<b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> September 2016 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			
<b>64566</b>	<b>Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming</b>	<b>Global:</b> 000	<b>Issue:</b> Posterior Tibial Neurostimulation	<b>Screen:</b> CMS Request - Final Rule for 2014 / High Volume Growth5	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2019	<b>Tab</b> 37 <b>Specialty Developing Recommendation:</b> ACOG, AUA	<b>First Identified:</b> July 2013	<b>2019 est Medicare Utilization:</b> 201,680	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Maintain	<b>2020 Work RVU:</b> 0.60 <b>2020 NF PE RVU:</b> 2.90 <b>2020 Fac PE RVU:</b> 0.21
<b>RUC Recommendation:</b> 0.60		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			



# Status Report: CMS Requests and Relativity Assessment Issues

**64568** Incision for implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator **Global:** 090 **Issue:** Vagus Nerve Stimulator **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent RUC Meeting:** February 2010 **Tab** 14 **Specialty Developing Recommendation:** AANS/CNS **First Identified:** **2019 est Medicare Utilization:** 1,002 **2007 Work RVU:** **2020 Work RVU:** 9.00 **2007 NF PE RVU:** **2020 NF PE RVU:** NA **2007 Fac PE RVU:** **2020 Fac PE RVU:** 6.73 **RUC Recommendation:** 11.19 **Referred to CPT:** October 2009 **Referred to CPT Asst:** ☐ **Published in CPT Asst:** **Result:** Decrease

**64573** Deleted from CPT **Global:** **Issue:** Neurosurgical Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent RUC Meeting:** February 2009 **Tab** 28 **Specialty Developing Recommendation:** AANS/CNS **First Identified:** September 2007 **2019 est Medicare Utilization:** **2007 Work RVU:** 8.15 **2020 Work RVU:** **2007 NF PE RVU:** NA **2020 NF PE RVU:** **2007 Fac PE RVU:** 5.31 **2020 Fac PE RVU:** **RUC Recommendation:** Deleted from CPT **Referred to CPT:** October 2009 **Referred to CPT Asst:** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

**64581** Incision for implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) **Global:** 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly / High Level E/M in Global Period **Complete?** Yes

**Most Recent RUC Meeting:** January 2016 **Tab** 54 **Specialty Developing Recommendation:** AUA **First Identified:** September 2007 **2019 est Medicare Utilization:** 10,284 **2007 Work RVU:** 14.15 **2020 Work RVU:** 12.20 **2007 NF PE RVU:** NA **2020 NF PE RVU:** NA **2007 Fac PE RVU:** 5.73 **2020 Fac PE RVU:** 5.40 **RUC Recommendation:** 12.20. 99214 visit appropriate. Remove from screen. **Referred to CPT:** **Referred to CPT Asst:** ☐ **Published in CPT Asst:** **Result:** Decrease

# Status Report: CMS Requests and Relativity Assessment Issues

<b>64590</b>	Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupling	<b>Global:</b> 010	<b>Issue:</b> RAW	<b>Screen:</b> Harvard-Valued Annual Allowed Charges Greater than \$10 million / Different Performing Specialty from Survey	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2018	<b>Tab</b> 31	<b>Specialty Developing Recommendation:</b> ACOG, AUA	<b>First Identified:</b> October 2012	<b>2019 est Medicare Utilization:</b> 12,197	<b>2007 Work RVU:</b> 2.42 <b>2007 NF PE RVU:</b> 6.95 <b>2007 Fac PE RVU:</b> 2.33 <b>2020 Work RVU:</b> 2.45 <b>2020 NF PE RVU:</b> 4.79 <b>2020 Fac PE RVU:</b> 1.84 <b>Result:</b> Remove from screen
<b>RUC Recommendation:</b>			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
<b>64615</b>	Chemodenervation of muscle(s); muscle(s) innervated by facial, trigeminal, cervical spinal and accessory nerves, bilateral (eg, for chronic migraine)	<b>Global:</b> 010	<b>Issue:</b>	<b>Screen:</b> High Volume Growth6	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> January 2020	<b>Tab</b> 37	<b>Specialty Developing Recommendation:</b> AAN, AANEM, AAPM&R, NANS	<b>First Identified:</b> October 2019	<b>2019 est Medicare Utilization:</b> 143,888	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>2020 Work RVU:</b> 1.85 <b>2020 NF PE RVU:</b> 1.89 <b>2020 Fac PE RVU:</b> 1.12
<b>RUC Recommendation:</b> Refer to CPT			<b>Referred to CPT</b> October 2020 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b>
<b>64622</b>	Destruction by neurolytic agent, paravertebral facet joint nerve; lumbar or sacral, single level	<b>Global:</b>	<b>Issue:</b> Fluoroscopy	<b>Screen:</b> CMS Request - Practice Expense Review, High Volume Growth1 / CMS Fastest Growing, Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2009	<b>Tab</b> 27	<b>Specialty Developing Recommendation:</b> ASA, ISIS, AAPM, APM&R	<b>First Identified:</b> April 2008	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> 3.02 <b>2007 NF PE RVU:</b> 6.82 <b>2007 Fac PE RVU:</b> 1.34 <b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>
<b>RUC Recommendation:</b> PE Review - no change			<b>Referred to CPT</b> June 2008 and Feb 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Deleted from CPT

## Status Report: CMS Requests and Relativity Assessment Issues

<b>64623</b>	<b>Destruction by neurolytic agent, paravertebral facet joint nerve; lumbar or sacral, each additional level (List separately in addition to code for primary procedure)</b>	<b>Global:</b>	<b>Issue:</b> Destruction by Neurolytic Agent	<b>Screen:</b> High Volume Growth1, Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2008	<b>Tab</b> 57	<b>Specialty Developing Recommendation:</b> ASA, NASS, AAPM	<b>First Identified:</b> February 2008	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> 0.99 <b>2007 NF PE RVU:</b> 2.62 <b>2007 Fac PE RVU:</b> 0.22 <b>Result:</b> Deleted from CPT
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> June 2008 and Feb 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>
<hr/>					
<b>64626</b>	<b>Destruction by neurolytic agent, paravertebral facet joint nerve; cervical or thoracic, single level</b>	<b>Global:</b>	<b>Issue:</b> Fluroscopy	<b>Screen:</b> CMS Request - Practice Expense Review, High Volume Growth1 / CMS Fastest Growing	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2009	<b>Tab</b> 27	<b>Specialty Developing Recommendation:</b> ASA, ISIS, AAPM, APM&R	<b>First Identified:</b> April 2008	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> 3.82 <b>2007 NF PE RVU:</b> 6.99 <b>2007 Fac PE RVU:</b> 1.93 <b>Result:</b> Deleted from CPT
<b>RUC Recommendation:</b> PE Review - no change			<b>Referred to CPT</b> June 2008 and Feb 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>
<hr/>					
<b>64627</b>	<b>Destruction by neurolytic agent, paravertebral facet joint nerve; cervical or thoracic, each additional level (List separately in addition to code for primary procedure)</b>	<b>Global:</b>	<b>Issue:</b> Destruction by Neurolytic Agent	<b>Screen:</b> High Volume Growth1/ CMS Fastest Growing	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2008	<b>Tab</b> 57	<b>Specialty Developing Recommendation:</b> ASA, NASS, AAPM	<b>First Identified:</b> April 2008	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> 1.16 <b>2007 NF PE RVU:</b> 3.98 <b>2007 Fac PE RVU:</b> 0.26 <b>Result:</b> Deleted from CPT
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> June 2008 and Feb 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>

## Status Report: CMS Requests and Relativity Assessment Issues

**64633** Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint **Global:** 010 **Issue:** Destruction by Neurolytic Agent **Screen:** Work Neutrality Review **Complete?** No

**Most Recent RUC Meeting:** October 2019 **Tab** 17 **Specialty Developing Recommendation:** ASA, AAPM, AAPMR, ASIPP, ISIS, NANS, NASS, SIS **First Identified:** September 2014 **2019 est Medicare Utilization:** 86,013 **2007 Work RVU:** **2020 Work RVU:** 3.84 **2007 NF PE RVU:** **2020 NF PE RVU:** 7.73 **2007 Fac PE RVU:** **2020 Fac PE RVU:** 2.25

**RUC Recommendation:** Survey April 2020

**Referred to CPT** May 2015

**Result:**

**Referred to CPT Asst** ☒ **Published in CPT Asst:** February 2015

**64634** Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Destruction by Neurolytic Agent **Screen:** Work Neutrality Review **Complete?** No

**Most Recent RUC Meeting:** October 2019 **Tab** 17 **Specialty Developing Recommendation:** ASA, AAPM, AAPMR, ASIPP, ISIS, NANS, NASS, SIS **First Identified:** September 2014 **2019 est Medicare Utilization:** 135,589 **2007 Work RVU:** **2020 Work RVU:** 1.32 **2007 NF PE RVU:** **2020 NF PE RVU:** 3.90 **2007 Fac PE RVU:** **2020 Fac PE RVU:** 0.52

**RUC Recommendation:** Survey April 2020

**Referred to CPT** May 2015

**Result:**

**Referred to CPT Asst** ☒ **Published in CPT Asst:** February 2015

**64635** Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint **Global:** 010 **Issue:** Destruction by Neurolytic Agent **Screen:** Work Neutrality Review **Complete?** No

**Most Recent RUC Meeting:** October 2019 **Tab** 17 **Specialty Developing Recommendation:** ASA, AAPM, AAPMR, ASIPP, ISIS, NANS, NASS, SIS **First Identified:** September 2014 **2019 est Medicare Utilization:** 358,450 **2007 Work RVU:** **2020 Work RVU:** 3.78 **2007 NF PE RVU:** **2020 NF PE RVU:** 7.68 **2007 Fac PE RVU:** **2020 Fac PE RVU:** 2.24

**RUC Recommendation:** Survey April 2020

**Referred to CPT** May 2015

**Result:**

**Referred to CPT Asst** ☒ **Published in CPT Asst:** February 2015

## Status Report: CMS Requests and Relativity Assessment Issues

**64636** Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Destruction by Neurolytic Agent **Screen:** Work Neutrality Review **Complete?** No

**Most Recent RUC Meeting:** October 2019 **Tab** 17 **Specialty Developing Recommendation:** ASA, AAPM, AAPMR, ASIPP, ISIS, NANS, NASS, SIS **First Identified:** September 2014 **2019 est Medicare Utilization:** 539,040 **2007 Work RVU:** **2007 NF PE RVU:** **2007 Fac PE RVU:** **2020 Work RVU:** 1.16 **2020 NF PE RVU:** 3.60 **2020 Fac PE RVU:** 0.45

**RUC Recommendation:** Survey April 2020

**Referred to CPT** May 2015 **Result:**  
**Referred to CPT Asst** ☒ **Published in CPT Asst:** Feb 2015

**64640** Destruction by neurolytic agent; other peripheral nerve or branch **Global:** 010 **Issue:** Injection Treatment of Nerve **Screen:** Site of Service Anomaly (99238-Only) / Harvard Valued - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** September 2011 **Tab** 25 **Specialty Developing Recommendation:** ASAM, AAPM, APMA, ASIPP **First Identified:** September 2007 **2019 est Medicare Utilization:** 184,562 **2007 Work RVU:** 2.78 **2007 NF PE RVU:** 3.75 **2007 Fac PE RVU:** 1.75 **2020 Work RVU:** 1.98 **2020 NF PE RVU:** 4.89 **2020 Fac PE RVU:** 1.22

**RUC Recommendation:** 1.23. Remove 99238.

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

**64708** Neuroplasty, major peripheral nerve, arm or leg, open; other than specified **Global:** 090 **Issue:** Neuroplasty – Leg or Arm **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent RUC Meeting:** October 2010 **Tab** 69 **Specialty Developing Recommendation:** AOFAS, ASSH, AAOS, ASPS **First Identified:** September 2007 **2019 est Medicare Utilization:** 4,356 **2007 Work RVU:** 6.22 **2007 NF PE RVU:** NA **2007 Fac PE RVU:** 4.73 **2020 Work RVU:** 6.36 **2020 NF PE RVU:** NA **2020 Fac PE RVU:** 6.96

**RUC Recommendation:** 6.36

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

# Status Report: CMS Requests and Relativity Assessment Issues

**64712 Neuroplasty, major peripheral nerve, arm or leg, open; sciatic nerve** **Global:** 090 **Issue:** Neuroplasty – Leg or Arm **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent RUC Meeting:** October 2009 **Tab** 40 **Specialty Developing Recommendation:** AOFAS, ASSH, AAOS, ASPS **First Identified:** September 2007 **2019 est Medicare Utilization:** 705 **2007 Work RVU:** 7.98 **2020 Work RVU:** 8.07 **2007 NF PE RVU:** NA **2020 NF PE RVU:** NA **2007 Fac PE RVU:** 4.86 **2020 Fac PE RVU:** 7.30 **Result:** Remove from Screen

**RUC Recommendation:** Remove from screen **Referred to CPT** February 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**64831 Suture of digital nerve, hand or foot; 1 nerve** **Global:** 090 **Issue:** Neurorrhaphy – Finger **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent RUC Meeting:** October 2010 **Tab** 70 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH **First Identified:** September 2007 **2019 est Medicare Utilization:** 878 **2007 Work RVU:** 10.23 **2020 Work RVU:** 9.16 **2007 NF PE RVU:** NA **2020 NF PE RVU:** NA **2007 Fac PE RVU:** 7 **2020 Fac PE RVU:** 9.07 **Result:** Decrease

**RUC Recommendation:** 9.16 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**65105 Enucleation of eye; with implant, muscles attached to implant** **Global:** 090 **Issue:** Ophthalmologic Procedures **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

**Most Recent RUC Meeting:** September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAO **First Identified:** September 2007 **2019 est Medicare Utilization:** 835 **2007 Work RVU:** 9.70 **2020 Work RVU:** 9.93 **2007 NF PE RVU:** NA **2020 NF PE RVU:** NA **2007 Fac PE RVU:** 10.13 **2020 Fac PE RVU:** 14.87 **Result:** PE Only

**RUC Recommendation:** Reduce 99238 to 0.5 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**65205 Removal of foreign body, external eye; conjunctival superficial** **Global:** 000 **Issue:** Removal of Foreign Body - Eye **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

**Most Recent RUC Meeting:** April 2017 **Tab** 19 **Specialty Developing Recommendation:** AAO, AOA **First Identified:** July 2016 **2019 est Medicare Utilization:** 26,275 **2007 Work RVU:** 0.71 **2020 Work RVU:** 0.49 **2007 NF PE RVU:** 0.63 **2020 NF PE RVU:** 0.55 **2007 Fac PE RVU:** 0.3 **2020 Fac PE RVU:** 0.32 **Result:** Decrease

**RUC Recommendation:** 0.49 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

<b>65210</b>	<b>Removal of foreign body, external eye; conjunctival embedded (includes concretions), subconjunctival, or scleral nonperforating</b>	<b>Global:</b> 000	<b>Issue:</b> Removal of Foreign Body - Eye	<b>Screen:</b> CMS 000-Day Global Typically Reported with an E/M	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2017	<b>Tab</b> 19	<b>Specialty Developing Recommendation:</b> AAO, AOA	<b>First Identified:</b> July 2016	<b>2019 est Medicare Utilization:</b> 25,202	<b>2007 Work RVU:</b> 0.84 <b>2007 NF PE RVU:</b> 0.79 <b>2007 Fac PE RVU:</b> 0.39 <b>Result:</b> Decrease <b>2020 Work RVU:</b> 0.61 <b>2020 NF PE RVU:</b> 0.66 <b>2020 Fac PE RVU:</b> 0.40
<b>RUC Recommendation:</b> 0.75			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
<hr/>					
<b>65222</b>	<b>Removal of foreign body, external eye; corneal, with slit lamp</b>	<b>Global:</b> 000	<b>Issue:</b> Removal of Foreign Body	<b>Screen:</b> Harvard Valued - Utilization over 30,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2011	<b>Tab</b> 26	<b>Specialty Developing Recommendation:</b> AAO, AOA (optometric)	<b>First Identified:</b> April 2011	<b>2019 est Medicare Utilization:</b> 24,544	<b>2007 Work RVU:</b> 0.93 <b>2007 NF PE RVU:</b> 0.87 <b>2007 Fac PE RVU:</b> 0.4 <b>Result:</b> Maintain <b>2020 Work RVU:</b> 0.84 <b>2020 NF PE RVU:</b> 1.04 <b>2020 Fac PE RVU:</b> 0.57
<b>RUC Recommendation:</b> 0.93			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
<hr/>					
<b>65285</b>	<b>Repair of laceration; cornea and/or sclera, perforating, with reposition or resection of uveal tissue</b>	<b>Global:</b> 090	<b>Issue:</b> Repair of Eye Wound	<b>Screen:</b> Site of Service Anomaly	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2011	<b>Tab</b> 8	<b>Specialty Developing Recommendation:</b> AAO	<b>First Identified:</b> September 2007	<b>2019 est Medicare Utilization:</b> 704	<b>2007 Work RVU:</b> 14.43 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 9.12 <b>Result:</b> Decrease <b>2020 Work RVU:</b> 15.36 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 14.92
<b>RUC Recommendation:</b> 16.00			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	

## Status Report: CMS Requests and Relativity Assessment Issues

**65780** Ocular surface reconstruction; amniotic membrane transplantation, multiple layers **Global:** 090 **Issue:** Ocular Reconstruction Transplant **Screen:** CMS Fastest Growing / 090-Day Global Post-Operative Visits **Complete?** Yes

**Most Recent RUC Meeting:** April 2015 **Tab** 31 **Specialty Developing Recommendation:** AAO **First Identified:** October 2008 **2019 est Medicare Utilization:** 1,974 **2007 Work RVU:** 10.43 **2020 Work RVU:** 7.81 **2007 NF PE RVU:** NA **2020 NF PE RVU:** NA **2007 Fac PE RVU:** 10.04 **2020 Fac PE RVU:** 10.46 **RUC Recommendation:** 8.80 **Referred to CPT** **Referred to CPT Asst** ☒ **Published in CPT Asst:** Jun 2009 **Result:** Decrease

**65800** Paracentesis of anterior chamber of eye (separate procedure); with removal of aqueous **Global:** 000 **Issue:** Paracentesis of the Eye **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** April 2012 **Tab** 21 **Specialty Developing Recommendation:** AAO **First Identified:** September 2011 **2019 est Medicare Utilization:** 20,137 **2007 Work RVU:** 1.91 **2020 Work RVU:** 1.53 **2007 NF PE RVU:** 1.71 **2020 NF PE RVU:** 1.75 **2007 Fac PE RVU:** 1.16 **2020 Fac PE RVU:** 0.94 **RUC Recommendation:** 1.53 **Referred to CPT** October 2011 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

**65805** Paracentesis of anterior chamber of eye (separate procedure); with therapeutic release of aqueous **Global:** **Issue:** Paracentesis of the Eye **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** April 2012 **Tab** 21 **Specialty Developing Recommendation:** AAO **First Identified:** April 2011 **2019 est Medicare Utilization:** **2007 Work RVU:** 1.91 **2020 Work RVU:** **2007 NF PE RVU:** 2.07 **2020 NF PE RVU:** **2007 Fac PE RVU:** 1.16 **2020 Fac PE RVU:** **RUC Recommendation:** Deleted from CPT **Referred to CPT** October 2011 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT



## Status Report: CMS Requests and Relativity Assessment Issues

65855 Trabeculoplasty by laser surgery				Global: 010	Issue: Trabeculoplasty by Laser Surgery	Screen: 010-Day Global Post-Operative Visits	Complete? Yes
Most Recent RUC Meeting: April 2015	Tab 11	Specialty Developing Recommendation:	AAO	First Identified: January 2014	2019 est Medicare Utilization: 143,167	2007 Work RVU: 3.90 2007 NF PE RVU: 4.14 2007 Fac PE RVU 3.01 Result: Decrease	2020 Work RVU: 3.00 2020 NF PE RVU: 3.76 2020 Fac PE RVU:2.64
RUC Recommendation: 3.00				Referred to CPT February 2015 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
66170 Fistulization of sclera for glaucoma; trabeculectomy ab externo in absence of previous surgery				Global: 090	Issue: Glaucoma Surgery	Screen: 090-Day Global Post-Operative Visits	Complete? Yes
Most Recent RUC Meeting: April 2015	Tab 32	Specialty Developing Recommendation:	AAO	First Identified: January 2014	2019 est Medicare Utilization: 6,957	2007 Work RVU: 14.57 2007 NF PE RVU: NA 2007 Fac PE RVU 12.17 Result: Decrease	2020 Work RVU: 13.94 2020 NF PE RVU: NA 2020 Fac PE RVU:15.97
RUC Recommendation: 13.94				Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
66172 Fistulization of sclera for glaucoma; trabeculectomy ab externo with scarring from previous ocular surgery or trauma (includes injection of antifibrotic agents)				Global: 090	Issue: Glaucoma Surgery	Screen: 090-Day Global Post-Operative Visits	Complete? Yes
Most Recent RUC Meeting: April 2015	Tab 32	Specialty Developing Recommendation:	AAO	First Identified: January 2014	2019 est Medicare Utilization: 3,104	2007 Work RVU: 18.26 2007 NF PE RVU: NA 2007 Fac PE RVU 15.21 Result: Decrease	2020 Work RVU: 14.84 2020 NF PE RVU: NA 2020 Fac PE RVU:17.77
RUC Recommendation: 14.81				Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

# Status Report: CMS Requests and Relativity Assessment Issues

**66174** Transluminal dilation of aqueous outflow canal; without retention of device or stent **Global:** 090 **Issue:** RAW **Screen:** New Technology/ New Service **Complete?** No

**Most Recent RUC Meeting:** January 2020 **Tab** 37 **Specialty Developing Recommendation:** AAO **First Identified:** October 2019 **2019 est Medicare Utilization:** 10,214 **2007 Work RVU:** **2020 Work RVU:** 12.85 **2007 NF PE RVU:** **2020 NF PE RVU:** NA **2007 Fac PE RVU:** **2020 Fac PE RVU:**12.97 **Result:**

**RUC Recommendation:** Refer to CPT **Referred to CPT** October 2020 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**66175** Transluminal dilation of aqueous outflow canal; with retention of device or stent **Global:** 090 **Issue:** RAW **Screen:** New Technology/ New Service **Complete?** No

**Most Recent RUC Meeting:** January 2020 **Tab** 37 **Specialty Developing Recommendation:** AAO **First Identified:** October 2019 **2019 est Medicare Utilization:** 223 **2007 Work RVU:** **2020 Work RVU:** 13.60 **2007 NF PE RVU:** **2020 NF PE RVU:** NA **2007 Fac PE RVU:** **2020 Fac PE RVU:**13.43 **Result:**

**RUC Recommendation:** Refer to CPT **Referred to CPT** October 2020 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**66179** Aqueous shunt to extraocular equatorial plate reservoir, external approach; without graft **Global:** 090 **Issue:** Aqueous Shunt **Screen:** Harvard-Valued Annual Allowed Charges Greater than \$10 million **Complete?** Yes

**Most Recent RUC Meeting:** January 2014 **Tab** 12 **Specialty Developing Recommendation:** AAO **First Identified:** January 2014 **2019 est Medicare Utilization:** 802 **2007 Work RVU:** **2020 Work RVU:** 14.00 **2007 NF PE RVU:** **2020 NF PE RVU:** NA **2007 Fac PE RVU:** **2020 Fac PE RVU:**15.49 **Result:** Decrease

**RUC Recommendation:** 14.00 **Referred to CPT** October 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

<b>66180</b> Aqueous shunt to extraocular equatorial plate reservoir, external approach; with graft	<b>Global:</b> 090	<b>Issue:</b> Aqueous Shunt	<b>Screen:</b> Harvard-Valued Annual Allowed Charges Greater than \$10 million / 090-Day Global Post-Operative Visits2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2020	<b>Tab 37 Specialty Developing Recommendation:</b> AAO	<b>First Identified:</b> October 2012	<b>2019 est Medicare Utilization:</b> 10,715	<b>2007 Work RVU:</b> 16.02 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 10.62 <b>2020 Work RVU:</b> 15.00 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 16.11 <b>Result:</b> Decrease
<b>RUC Recommendation:</b> Maintain. 15.00	<b>Referred to CPT</b> October 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			
<b>66183</b> Insertion of anterior segment aqueous drainage device, without extraocular reservoir, external approach	<b>Global:</b> 090	<b>Issue:</b> Aqueous Shunt	<b>Screen:</b> Harvard-Valued Annual Allowed Charges Greater than \$10 million / 090-Day Global Post-Operative Visits2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2020	<b>Tab 37 Specialty Developing Recommendation:</b> AAO	<b>First Identified:</b> January 2014	<b>2019 est Medicare Utilization:</b> 4,674	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>2020 Work RVU:</b> 13.20 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 14.95 <b>Result:</b> Maintain
<b>RUC Recommendation:</b> Maintain. 13.20	<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			
<b>66184</b> Revision of aqueous shunt to extraocular equatorial plate reservoir; without graft	<b>Global:</b> 090	<b>Issue:</b> Aqueous Shunt	<b>Screen:</b> Harvard-Valued Annual Allowed Charges Greater than \$10 million	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2014	<b>Tab 12 Specialty Developing Recommendation:</b> AAO	<b>First Identified:</b> January 2014	<b>2019 est Medicare Utilization:</b> 594	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>2020 Work RVU:</b> 9.58 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 11.97 <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 9.58	<b>Referred to CPT</b> October 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			

# Status Report: CMS Requests and Relativity Assessment Issues

<b>66185</b>	Revision of aqueous shunt to extraocular equatorial plate reservoir; with graft	<b>Global:</b> 090	<b>Issue:</b> Aqueous Shunt	<b>Screen:</b> Harvard-Valued Annual Allowed Charges Greater than \$10 million / 090-Day Global Post-Operative Visits2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2020	<b>Tab</b> 37	<b>Specialty Developing Recommendation:</b> AAO	<b>First Identified:</b> October 2012	<b>2019 est Medicare Utilization:</b> 1,600	<b>2007 Work RVU:</b> 9.35 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 7.37 <b>Result:</b> Increase
<b>RUC Recommendation:</b> Maintain. 10.58			<b>Referred to CPT</b> October 2013	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>
<b>2020 Work RVU:</b> 10.58					<b>2020 NF PE RVU:</b> NA
					<b>2020 Fac PE RVU:</b> 12.59
<hr/>					
<b>66711</b>	Ciliary body destruction; cyclophotocoagulation, endoscopic, without concomitant removal of crystalline lens	<b>Global:</b> 090	<b>Issue:</b> Cyclophotocoagulation	<b>Screen:</b> Codes Reported Together 75%or More-Part4	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2019	<b>Tab</b> 11	<b>Specialty Developing Recommendation:</b> AAO	<b>First Identified:</b> October 2017	<b>2019 est Medicare Utilization:</b> 7,616	<b>2007 Work RVU:</b> 7.70 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 6.49 <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 6.36			<b>Referred to CPT</b> May 2018	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>
					<b>2020 Work RVU:</b> 5.62
					<b>2020 NF PE RVU:</b> NA
					<b>2020 Fac PE RVU:</b> 8.19
<hr/>					
<b>66761</b>	Iridotomy/iridectomy by laser surgery (eg, for glaucoma) (per session)	<b>Global:</b> 010	<b>Issue:</b> Iridotomy	<b>Screen:</b> High IWPUT / 010-Day Global Post-Operative Visits2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2020	<b>Tab</b> 37	<b>Specialty Developing Recommendation:</b> AAO	<b>First Identified:</b> February 2008	<b>2019 est Medicare Utilization:</b> 67,836	<b>2007 Work RVU:</b> 4.87 <b>2007 NF PE RVU:</b> 5.49 <b>2007 Fac PE RVU:</b> 4.32 <b>Result:</b> Decrease
<b>RUC Recommendation:</b> Maintain. 3.00			<b>Referred to CPT</b> February 2010	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>
					<b>2020 Work RVU:</b> 3.00
					<b>2020 NF PE RVU:</b> 5.26
					<b>2020 Fac PE RVU:</b> 3.45

# Status Report: CMS Requests and Relativity Assessment Issues

<b>66821</b>	Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); laser surgery (eg, YAG laser) (1 or more stages)	<b>Global:</b> 090	<b>Issue:</b>	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2011	<b>Tab</b> 41 <b>Specialty Developing Recommendation:</b> AAO	<b>First Identified:</b> October 2010	<b>2019 est Medicare Utilization:</b> 685,933	<b>2007 Work RVU:</b> 3.32 <b>2007 NF PE RVU:</b> 4.05 <b>2007 Fac PE RVU:</b> 3.6 <b>Result:</b> Maintain	<b>2020 Work RVU:</b> 3.42 <b>2020 NF PE RVU:</b> 5.72 <b>2020 Fac PE RVU:</b> 5.13
<b>RUC Recommendation:</b> Maintain		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>66982</b>	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; without endoscopic cyclophotocoagulation	<b>Global:</b> 090	<b>Issue:</b> Cyclophotocoagulation	<b>Screen:</b> High IWP/UT / CMS Fastest Growing, Site of Service Anomaly (99238-Only) / CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2019	<b>Tab</b> 11 <b>Specialty Developing Recommendation:</b> AAO	<b>First Identified:</b> September 2007	<b>2019 est Medicare Utilization:</b> 159,924	<b>2007 Work RVU:</b> 14.83 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 9.75 <b>Result:</b> Decrease	<b>2020 Work RVU:</b> 10.25 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 10.19
<b>RUC Recommendation:</b> 10.25		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Sep 2009		
<b>66983</b>	Intracapsular cataract extraction with insertion of intraocular lens prosthesis (1 stage procedure)	<b>Global:</b> 090	<b>Issue:</b> Cyclophotocoagulation	<b>Screen:</b> Codes Reported Together 75%or More-Part4	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2019	<b>Tab</b> 11 <b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> January 2019	<b>2019 est Medicare Utilization:</b> 93	<b>2007 Work RVU:</b> 10.20 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 6.18 <b>Result:</b> Contractor Price	<b>2020 Work RVU:</b> 0.00 <b>2020 NF PE RVU:</b> 0.00 <b>2020 Fac PE RVU:</b> 0.00
<b>RUC Recommendation:</b> Contractor Price		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

# Status Report: CMS Requests and Relativity Assessment Issues

**66984** Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification); without endoscopic cyclophotocoagulation **Global:** 090 **Issue:** Cyclophotocoagulation **Screen:** High IWPUT / MPC List / Codes Reported Together 75%or More-Part4 **Complete?** Yes

**Most Recent RUC Meeting:** January 2019 **Tab 11** **Specialty Developing Recommendation:** AAO **First Identified:** February 2008 **2019 est Medicare Utilization:** 1,694,951 **2007 Work RVU:** 10.36 **2020 Work RVU:** 7.35 **2007 NF PE RVU:** NA **2020 NF PE RVU:** NA **2007 Fac PE RVU:** 7.24 **2020 Fac PE RVU:** 7.57 **Result:** Decrease

**RUC Recommendation:** 7.35 **Referred to CPT** May 2018 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**66987** Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; with endoscopic cyclophotocoagulation **Global:** 090 **Issue:** Cyclophotocoagulation **Screen:** Codes Reported Together 75%or More-Part4 **Complete?** Yes

**Most Recent RUC Meeting:** January 2019 **Tab 11** **Specialty Developing Recommendation:** **First Identified:** January 2019 **2019 est Medicare Utilization:** **2007 Work RVU:** **2020 Work RVU:** 0.00 **2007 NF PE RVU:** **2020 NF PE RVU:** 0.00 **2007 Fac PE RVU:** **2020 Fac PE RVU:** 0.00 **Result:** Decrease

**RUC Recommendation:** 13.15 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**66988** Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification); with endoscopic cyclophotocoagulation **Global:** 090 **Issue:** Cyclophotocoagulation **Screen:** Codes Reported Together 75%or More-Part4 **Complete?** Yes

**Most Recent RUC Meeting:** January 2019 **Tab 11** **Specialty Developing Recommendation:** **First Identified:** January 2019 **2019 est Medicare Utilization:** **2007 Work RVU:** **2020 Work RVU:** 0.00 **2007 NF PE RVU:** **2020 NF PE RVU:** 0.00 **2007 Fac PE RVU:** **2020 Fac PE RVU:** 0.00 **Result:** Decrease

**RUC Recommendation:** 10.25 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

<b>67028</b>	Intravitreal injection of a pharmacologic agent (separate procedure)	<b>Global:</b> 000	<b>Issue:</b> Treatment of Retinal Lesion	<b>Screen:</b> High Volume Growth1 / CMS Fastest Growing, Harvard Valued - Utilization over 100,000 / CMS High Expenditure Procedural Codes1 / High Volume Growth3	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2019	<b>Tab</b> 14 <b>Specialty Developing Recommendation:</b> AAO, ASRS	<b>First Identified:</b> February 2008	<b>2019 est Medicare Utilization:</b> 3,868,836	<b>2007 Work RVU:</b> 2.52 <b>2007 NF PE RVU:</b> 2.59 <b>2007 Fac PE RVU:</b> 1.42 <b>Result:</b> Maintain	<b>2020 Work RVU:</b> 1.44 <b>2020 NF PE RVU:</b> 1.31 <b>2020 Fac PE RVU:</b> 1.24
<b>RUC Recommendation:</b> 1.44		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>					
<b>67036</b>	Vitrectomy, mechanical, pars plana approach;	<b>Global:</b> 090	<b>Issue:</b> Vitrectomy	<b>Screen:</b> Harvard-Valued Annual Allowed Charges Greater than \$10 million	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2013	<b>Tab</b> 11 <b>Specialty Developing Recommendation:</b> AAO	<b>First Identified:</b> October 2012	<b>2019 est Medicare Utilization:</b> 18,016	<b>2007 Work RVU:</b> 13.09 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 8.96 <b>Result:</b> Decrease	<b>2020 Work RVU:</b> 12.13 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 12.41
<b>RUC Recommendation:</b> 12.13		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>					
<b>67038</b>	Deleted from CPT	<b>Global:</b>	<b>Issue:</b> Ophthalmological Procedures	<b>Screen:</b> Site of Service Anomaly	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2007	<b>Tab</b> 16 <b>Specialty Developing Recommendation:</b> AAO	<b>First Identified:</b> September 2007	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> 23.30 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 15.16 <b>Result:</b> Deleted from CPT	<b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> February 2007 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

# Status Report: CMS Requests and Relativity Assessment Issues

<b>67039</b>	Vitrectomy, mechanical, pars plana approach; with focal endolaser photocoagulation	<b>Global:</b> 090	<b>Issue:</b> Vitrectomy	<b>Screen:</b> Site of Service Anomaly (99238-Only) / Harvard-Valued Annual Allowed Charges Greater than \$10 million	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2013	<b>Tab</b> 11 <b>Specialty Developing Recommendation:</b> AAO	<b>First Identified:</b> September 2007	<b>2019 est Medicare Utilization:</b> 3,357	<b>2007 Work RVU:</b> 16.39 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 11.94 <b>Result:</b> Decrease	<b>2020 Work RVU:</b> 13.20 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 13.07
<b>RUC Recommendation:</b> 13.20		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>67040</b>	Vitrectomy, mechanical, pars plana approach; with endolaser panretinal photocoagulation	<b>Global:</b> 090	<b>Issue:</b> Vitrectomy	<b>Screen:</b> Site of Service Anomaly (99238-Only) / Harvard-Valued Annual Allowed Charges Greater than \$10 million	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2013	<b>Tab</b> 11 <b>Specialty Developing Recommendation:</b> AAO	<b>First Identified:</b> September 2007	<b>2019 est Medicare Utilization:</b> 8,666	<b>2007 Work RVU:</b> 19.23 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 13.41 <b>Result:</b> Decrease	<b>2020 Work RVU:</b> 14.50 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 13.87
<b>RUC Recommendation:</b> 14.50		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>67041</b>	Vitrectomy, mechanical, pars plana approach; with removal of preretinal cellular membrane (eg, macular pucker)	<b>Global:</b> 090	<b>Issue:</b> Vitrectomy	<b>Screen:</b> Harvard-Valued Annual Allowed Charges Greater than \$10 million	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2013	<b>Tab</b> 11 <b>Specialty Developing Recommendation:</b> AAO	<b>First Identified:</b> October 2012	<b>2019 est Medicare Utilization:</b> 13,146	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease	<b>2020 Work RVU:</b> 16.33 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 14.99
<b>RUC Recommendation:</b> 16.33		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		



## Status Report: CMS Requests and Relativity Assessment Issues

<b>67042</b>	Vitrectomy, mechanical, pars plana approach; with removal of internal limiting membrane of retina (eg, for repair of macular hole, diabetic macular edema), includes, if performed, intraocular tamponade (ie, air, gas or silicone oil)	<b>Global:</b> 090	<b>Issue:</b> Vitrectomy	<b>Screen:</b> Harvard-Valued Annual Allowed Charges Greater than \$10 million	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2013	<b>Tab</b> 11 <b>Specialty Developing Recommendation:</b> AAO	<b>First Identified:</b> October 2012	<b>2019 est Medicare Utilization:</b> 26,972	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease	<b>2020 Work RVU:</b> 16.33 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 14.98
<b>RUC Recommendation:</b> 16.33		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>67043</b>	Vitrectomy, mechanical, pars plana approach; with removal of subretinal membrane (eg, choroidal neovascularization), includes, if performed, intraocular tamponade (ie, air, gas or silicone oil) and laser photocoagulation	<b>Global:</b> 090	<b>Issue:</b> Vitrectomy	<b>Screen:</b> Harvard-Valued Annual Allowed Charges Greater than \$10 million	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2013	<b>Tab</b> 11 <b>Specialty Developing Recommendation:</b> AAO	<b>First Identified:</b> October 2012	<b>2019 est Medicare Utilization:</b> 373	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease	<b>2020 Work RVU:</b> 17.40 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 15.65
<b>RUC Recommendation:</b> 17.40		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>67101</b>	Repair of retinal detachment, including drainage of subretinal fluid when performed; cryotherapy	<b>Global:</b> 010	<b>Issue:</b> Retinal Detachment Repair	<b>Screen:</b> 090-Day Global Post-Operative Visits	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2015	<b>Tab</b> 11 <b>Specialty Developing Recommendation:</b> AAO, ASRS	<b>First Identified:</b> April 2015	<b>2019 est Medicare Utilization:</b> 343	<b>2007 Work RVU:</b> 8.60 <b>2007 NF PE RVU:</b> 9.04 <b>2007 Fac PE RVU Result:</b> Decrease	<b>2020 Work RVU:</b> 3.50 <b>2020 NF PE RVU:</b> 5.62 <b>2020 Fac PE RVU:</b> 4.28
<b>RUC Recommendation:</b> 3.50		<b>Referred to CPT</b> May 2015 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

# Status Report: CMS Requests and Relativity Assessment Issues

**67105** Repair of retinal detachment, including drainage of subretinal fluid when performed; photocoagulation **Global:** 010 **Issue:** Retinal Detachment Repair **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

**Most Recent RUC Meeting:** October 2015

**Tab 11 Specialty Developing Recommendation:** AAO, ASRS

**First Identified:** April 2015

**2019 est Medicare Utilization:** 3,778

**2007 Work RVU:** 8.35

**2020 Work RVU:** 3.39

**2007 NF PE RVU:** 7.99

**2020 NF PE RVU:** 4.75

**2007 Fac PE RVU:** 6.13

**2020 Fac PE RVU:** 4.12

**RUC Recommendation:** 3.84

**Referred to CPT** May 2015

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

**Result:** Decrease

**67107** Repair of retinal detachment; scleral buckling (such as lamellar scleral dissection, imbrication or encircling procedure), including, when performed, implant, cryotherapy, photocoagulation, and drainage of subretinal fluid

**Global:** 090

**Issue:** Retinal Detachment Repair

**Screen:** Site of Service Anomaly (99238-Only) / 090-Day Global Post-Operative Visits

**Complete?** Yes

**Most Recent RUC Meeting:** April 2015

**Tab 12 Specialty Developing Recommendation:** AAO

**First Identified:** September 2007

**2019 est Medicare Utilization:** 623

**2007 Work RVU:** 16.35

**2020 Work RVU:** 16.00

**2007 NF PE RVU:** NA

**2020 NF PE RVU:** NA

**2007 Fac PE RVU:** 11.19

**2020 Fac PE RVU:** 14.79

**RUC Recommendation:** 16.00. Reduce 99238 to 0.5

**Referred to CPT** October 2014

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

**Result:** Decrease

**67108** Repair of retinal detachment; with vitrectomy, any method, including, when performed, air or gas tamponade, focal endolaser photocoagulation, cryotherapy, drainage of subretinal fluid, scleral buckling, and/or removal of lens by same technique

**Global:** 090

**Issue:** Retinal Detachment Repair

**Screen:** Site of Service Anomaly (99238-Only) / 090-Day Global Post-Operative Visits

**Complete?** Yes

**Most Recent RUC Meeting:** April 2015

**Tab 12 Specialty Developing Recommendation:** AAO

**First Identified:** September 2007

**2019 est Medicare Utilization:** 16,523

**2007 Work RVU:** 22.49

**2020 Work RVU:** 17.13

**2007 NF PE RVU:** NA

**2020 NF PE RVU:** NA

**2007 Fac PE RVU:** 14.22

**2020 Fac PE RVU:** 15.48

**RUC Recommendation:** 17.13

**Referred to CPT** October 2014

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

**Result:** Decrease

# Status Report: CMS Requests and Relativity Assessment Issues

**67110** Repair of retinal detachment; by injection of air or other gas (eg, pneumatic retinopexy) **Global:** 090 **Issue:** Retinal Detachment Repair **Screen:** Site of Service Anomaly (99238-Only) / 090-Day Global Post-Operative Visits **Complete?** Yes

**Most Recent** **Tab** 12 **Specialty Developing** AAO  
**RUC Meeting:** April 2015 **Recommendation:**

**First Identified:** September 2007 **2019 est Medicare Utilization:** 2,305

**2007 Work RVU:** 10.02 **2020 Work RVU:** 10.25  
**2007 NF PE RVU:** 9.99 **2020 NF PE RVU:** 14.09  
**2007 Fac PE RVU:** 7.37 **2020 Fac PE RVU:** 11.97  
**Result:** Maintain

**RUC Recommendation:** 10.25. Remove 99238

**Referred to CPT** October 2014  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**67112** Repair of retinal detachment; by scleral buckling or vitrectomy, on patient having previous ipsilateral retinal detachment repair(s) using scleral buckling or vitrectomy techniques **Global:** **Issue:** Retinal Detachment Repair **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

**Most Recent** **Tab** 12 **Specialty Developing** AAO  
**RUC Meeting:** April 2015 **Recommendation:**

**First Identified:** April 2014 **2019 est Medicare Utilization:**

**2007 Work RVU:** 18.45 **2020 Work RVU:**  
**2007 NF PE RVU:** NA **2020 NF PE RVU:**  
**2007 Fac PE RVU:** 11.71 **2020 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2014  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**67113** Repair of complex retinal detachment (eg, proliferative vitreoretinopathy, stage C-1 or greater, diabetic traction retinal detachment, retinopathy of prematurity, retinal tear of greater than 90 degrees), with vitrectomy and membrane peeling, including, when performed, air, gas, or silicone oil tamponade, cryotherapy, endolaser photocoagulation, drainage of subretinal fluid, scleral buckling, and/or removal of lens **Global:** 090 **Issue:** Retinal Detachment Repair **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

**Most Recent** **Tab** 12 **Specialty Developing** AAO  
**RUC Meeting:** April 2015 **Recommendation:**

**First Identified:** January 2014 **2019 est Medicare Utilization:** 12,384

**2007 Work RVU:** **2020 Work RVU:** 19.00  
**2007 NF PE RVU:** **2020 NF PE RVU:** NA  
**2007 Fac PE RVU:** **2020 Fac PE RVU:** 17.43  
**Result:** Decrease

**RUC Recommendation:** 19.00

**Referred to CPT** October 2014  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**67141** Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) without drainage, 1 or more sessions; cryotherapy, diathermy **Global:** **Issue:** RAW **Screen:** Harvard Valued - Utilization over 30,000-Part4 **Complete?** No

**Most Recent RUC Meeting:** January 2020

**Tab** 37

**Specialty Developing Recommendation:** AAO, ASRS

**First Identified:** January 2020

**2019 est Medicare Utilization:** 1,395

**2007 Work RVU:**

**2020 Work RVU:**

**2007 NF PE RVU:**

**2020 NF PE RVU:**

**2007 Fac PE RVU**

**2020 Fac PE RVU:**

**Result:**

**RUC Recommendation:** Refer to CPT

**Referred to CPT** May 2020

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

**67145** Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) without drainage, 1 or more sessions; photocoagulation (laser or xenon arc)

**Global:** 090

**Issue:** RAW

**Screen:** Harvard Valued - Utilization over 30,000-Part4

**Complete?** No

**Most Recent RUC Meeting:** January 2020

**Tab** 37

**Specialty Developing Recommendation:** AAO, ASRS

**First Identified:** October 2019

**2019 est Medicare Utilization:** 31,865

**2007 Work RVU:** 6.17

**2020 Work RVU:** 6.32

**2007 NF PE RVU:** 5.68

**2020 NF PE RVU:** 8.15

**2007 Fac PE RVU** 4.93

**2020 Fac PE RVU:** 7.25

**Result:**

**RUC Recommendation:** Refer to CPT

**Referred to CPT** May 2020

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

**67210** Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; photocoagulation

**Global:** 090

**Issue:** Treatment of Retinal Lesion or Choroid

**Screen:** High IWPUT

**Complete?** Yes

**Most Recent RUC Meeting:** October 2010

**Tab** 13

**Specialty Developing Recommendation:** AAO

**First Identified:** February 2008

**2019 est Medicare Utilization:** 56,884

**2007 Work RVU:** 9.35

**2020 Work RVU:** 6.36

**2007 NF PE RVU:** 6.48

**2020 NF PE RVU:** 7.81

**2007 Fac PE RVU** 5.84

**2020 Fac PE RVU:** 7.28

**Result:** Decrease

**RUC Recommendation:** 6.36

**Referred to CPT**

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

## Status Report: CMS Requests and Relativity Assessment Issues

<b>67220</b>	<b>Destruction of localized lesion of choroid (eg, choroidal neovascularization); photocoagulation (eg, laser), 1 or more sessions</b>	<b>Global:</b> 090	<b>Issue:</b> Treatment of Retinal Lesion or Choroid	<b>Screen:</b> High IWPUT	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2010	<b>Tab</b> 13 <b>Specialty Developing Recommendation:</b> AAO	<b>First Identified:</b> February 2008	<b>2019 est Medicare Utilization:</b> 3,636	<b>2007 Work RVU:</b> 14.19 <b>2007 NF PE RVU:</b> 10.23 <b>2007 Fac PE RVU:</b> 8.9 <b>Result:</b> Decrease	<b>2020 Work RVU:</b> 6.36 <b>2020 NF PE RVU:</b> 8.25 <b>2020 Fac PE RVU:</b> 7.28
<b>RUC Recommendation:</b> 6.36		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>					
<b>67225</b>	<b>Destruction of localized lesion of choroid (eg, choroidal neovascularization); photodynamic therapy, second eye, at single session (List separately in addition to code for primary eye treatment)</b>	<b>Global:</b> ZZZ	<b>Issue:</b> Photodynamic Therapy of the Eye	<b>Screen:</b> New Technology	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2008	<b>Tab</b> P <b>Specialty Developing Recommendation:</b> AAO	<b>First Identified:</b> September 2007	<b>2019 est Medicare Utilization:</b> 168	<b>2007 Work RVU:</b> 0.47 <b>2007 NF PE RVU:</b> 0.25 <b>2007 Fac PE RVU:</b> 0.2 <b>Result:</b> Maintain	<b>2020 Work RVU:</b> 0.47 <b>2020 NF PE RVU:</b> 0.33 <b>2020 Fac PE RVU:</b> 0.29
<b>RUC Recommendation:</b> 0.47		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>					
<b>67228</b>	<b>Treatment of extensive or progressive retinopathy (eg, diabetic retinopathy), photocoagulation</b>	<b>Global:</b> 010	<b>Issue:</b> Treatment of Retinal Lesion or Choroid	<b>Screen:</b> High IWPUT	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2009	<b>Tab</b> 40 <b>Specialty Developing Recommendation:</b> AAO	<b>First Identified:</b> February 2008	<b>2019 est Medicare Utilization:</b> 62,152	<b>2007 Work RVU:</b> 13.67 <b>2007 NF PE RVU:</b> 11.2 <b>2007 Fac PE RVU:</b> 8.43 <b>Result:</b> Remove from Screen	<b>2020 Work RVU:</b> 4.39 <b>2020 NF PE RVU:</b> 4.96 <b>2020 Fac PE RVU:</b> 3.93
<b>RUC Recommendation:</b> Remove from screen		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

# Status Report: CMS Requests and Relativity Assessment Issues

**67255** Scleral reinforcement (separate procedure); with graft

**Global:** 090

**Issue:** Aqueous Shunt

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

**Complete?** Yes

**Most Recent  
RUC Meeting:** January 2014

**Tab** 12

**Specialty Developing  
Recommendation:** AAO

**First  
Identified:** January 2014

**2019 est  
Medicare  
Utilization:** 833

**2007 Work RVU:** 9.97

**2020 Work RVU:** 8.38

**2007 NF PE RVU:** NA

**2020 NF PE RVU:** NA

**2007 Fac PE RVU** 9.61

**2020 Fac PE RVU:**10.35

**Result:** Maintain

**RUC Recommendation:** 10.17

**Referred to CPT** October 2013

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

**67311** Strabismus surgery, recession or resection procedure; 1 horizontal muscle

**Global:** 090

**Issue:** Strabismus Surgery

**Screen:** ZZZ Global Post-  
Operative Visits

**Complete?** No

**Most Recent  
RUC Meeting:**

**Tab**

**Specialty Developing  
Recommendation:** AAO, AAP

**First  
Identified:** April 2020

**2019 est  
Medicare  
Utilization:** 4,955

**2007 Work RVU:** 7.59

**2020 Work RVU:** 7.77

**2007 NF PE RVU:**

**2020 NF PE RVU:**

**2007 Fac PE RVU**

**2020 Fac PE RVU:**8.55

**Result:**

**RUC Recommendation:** Survey

**Referred to CPT**

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

**67312** Strabismus surgery, recession or resection procedure; 2 horizontal muscles

**Global:** 090

**Issue:** Strabismus Surgery

**Screen:** ZZZ Global Post-  
Operative Visits

**Complete?** No

**Most Recent  
RUC Meeting:**

**Tab**

**Specialty Developing  
Recommendation:** AAO, AAP

**First  
Identified:** April 2020

**2019 est  
Medicare  
Utilization:** 1,514

**2007 Work RVU:** 9.48

**2020 Work RVU:** 9.66

**2007 NF PE RVU:**

**2020 NF PE RVU:**

**2007 Fac PE RVU**

**2020 Fac PE RVU:**9.92

**Result:**

**RUC Recommendation:** Survey

**Referred to CPT**

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

# Status Report: CMS Requests and Relativity Assessment Issues

67314	Strabismus surgery, recession or resection procedure; 1 vertical muscle (excluding superior oblique)			Global: 090	Issue: Strabismus Surgery	Screen: ZZZ Global Post-Operative Visits	Complete? No
Most Recent RUC Meeting:	Tab	Specialty Developing Recommendation:	AAO, AAP	First Identified: April 2020	2019 est Medicare Utilization: 2,533	2007 Work RVU: 8.59 2007 NF PE RVU: 2007 Fac PE RVU Result:	2020 Work RVU: 8.79 2020 NF PE RVU: 2020 Fac PE RVU:9.75
RUC Recommendation: Survey				Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
67316	Strabismus surgery, recession or resection procedure; 2 or more vertical muscles (excluding superior oblique)			Global: 090	Issue: Strabismus Surgery	Screen: ZZZ Global Post-Operative Visits	Complete? No
Most Recent RUC Meeting:	Tab	Specialty Developing Recommendation:	AAO, AAP	First Identified: April 2020	2019 est Medicare Utilization: 168	2007 Work RVU: 10.73 2007 NF PE RVU: 2007 Fac PE RVU Result:	2020 Work RVU: 10.93 2020 NF PE RVU: 2020 Fac PE RVU:11.04
RUC Recommendation: Survey				Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
67318	Strabismus surgery, any procedure, superior oblique muscle			Global: 090	Issue: Strabismus Surgery	Screen: ZZZ Global Post-Operative Visits	Complete? No
Most Recent RUC Meeting:	Tab	Specialty Developing Recommendation:	AAO, AAP	First Identified: April 2020	2019 est Medicare Utilization: 205	2007 Work RVU: 8.92 2007 NF PE RVU: 2007 Fac PE RVU Result:	2020 Work RVU: 9.12 2020 NF PE RVU: 2020 Fac PE RVU:10.25
RUC Recommendation: Survey				Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
67320	Transposition procedure (eg, for paretic extraocular muscle), any extraocular muscle (specify) (List separately in addition to code for primary procedure)			Global: ZZZ	Issue: Strabismus Surgery	Screen: ZZZ Global Post-Operative Visits	Complete? No
Most Recent RUC Meeting: January 2020	Tab 37	Specialty Developing Recommendation:	AAO, AAP	First Identified: October 2019	2019 est Medicare Utilization: 362	2007 Work RVU: 5.40 2007 NF PE RVU: NA 2007 Fac PE RVU 1.98 Result:	2020 Work RVU: 5.40 2020 NF PE RVU: NA 2020 Fac PE RVU:3.29
RUC Recommendation: Survey				Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

## Status Report: CMS Requests and Relativity Assessment Issues

<b>67331</b>	Strabismus surgery on patient with previous eye surgery or injury that did not involve the extraocular muscles (List separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Strabismus Surgery	<b>Screen:</b> ZZZ Global Post-Operative Visits	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> January 2020	<b>Tab</b> 37 <b>Specialty Developing Recommendation:</b> AAO, AAP	<b>First Identified:</b> October 2019	<b>2019 est Medicare Utilization:</b> 902	<b>2007 Work RVU:</b> 5.13 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 1.86 <b>Result:</b>	<b>2020 Work RVU:</b> 5.13 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 3.13
<b>RUC Recommendation:</b> Survey		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>67332</b>	Strabismus surgery on patient with scarring of extraocular muscles (eg, prior ocular injury, strabismus or retinal detachment surgery) or restrictive myopathy (eg, dysthyroid ophthalmopathy) (List separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Strabismus Surgery	<b>Screen:</b> ZZZ Global Post-Operative Visits	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> January 2020	<b>Tab</b> 37 <b>Specialty Developing Recommendation:</b> AAO, AAP	<b>First Identified:</b> October 2019	<b>2019 est Medicare Utilization:</b> 1,753	<b>2007 Work RVU:</b> 5.56 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 2.05 <b>Result:</b>	<b>2020 Work RVU:</b> 5.56 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 3.39
<b>RUC Recommendation:</b> Survey		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>67334</b>	Strabismus surgery by posterior fixation suture technique, with or without muscle recession (List separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Strabismus Surgery	<b>Screen:</b> ZZZ Global Post-Operative Visits	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> January 2020	<b>Tab</b> 37 <b>Specialty Developing Recommendation:</b> AAO, AAP	<b>First Identified:</b> October 2019	<b>2019 est Medicare Utilization:</b> 128	<b>2007 Work RVU:</b> 5.05 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 1.82 <b>Result:</b>	<b>2020 Work RVU:</b> 5.05 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 3.09
<b>RUC Recommendation:</b> Survey		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		



## Status Report: CMS Requests and Relativity Assessment Issues

<b>67335</b>	Placement of adjustable suture(s) during strabismus surgery, including postoperative adjustment(s) of suture(s) (List separately in addition to code for specific strabismus surgery)	<b>Global:</b> ZZZ	<b>Issue:</b> Strabismus Surgery	<b>Screen:</b> ZZZ Global Post-Operative Visits	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> January 2020	<b>Tab</b> 37 <b>Specialty Developing Recommendation:</b> AAO, AAP	<b>First Identified:</b> October 2019	<b>2019 est Medicare Utilization:</b> 1,681	<b>2007 Work RVU:</b> 2.49 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 1.08 <b>Result:</b>	<b>2020 Work RVU:</b> 2.49 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 1.50
<b>RUC Recommendation:</b> Survey		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>67340</b>	Strabismus surgery involving exploration and/or repair of detached extraocular muscle(s) (List separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Strabismus Surgery	<b>Screen:</b> ZZZ Global Post-Operative Visits	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> January 2020	<b>Tab</b> 37 <b>Specialty Developing Recommendation:</b> AAO, AAP	<b>First Identified:</b> October 2019	<b>2019 est Medicare Utilization:</b> 88	<b>2007 Work RVU:</b> 6.00 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 2.22 <b>Result:</b>	<b>2020 Work RVU:</b> 6.00 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 3.68
<b>RUC Recommendation:</b> Survey		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>67500</b>	Retrobulbar injection; medication (separate procedure, does not include supply of medication)	<b>Global:</b> 000	<b>Issue:</b> Injection – Eye	<b>Screen:</b> CMS 000-Day Global Typically Reported with an E/M	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2017	<b>Tab</b> 11 <b>Specialty Developing Recommendation:</b> AAO, ASRS	<b>First Identified:</b> October 2017	<b>2019 est Medicare Utilization:</b> 7,903	<b>2007 Work RVU:</b> 1.44 <b>2007 NF PE RVU:</b> 0.66 <b>2007 Fac PE RVU:</b> 0.34 <b>Result:</b> Decrease	<b>2020 Work RVU:</b> 1.18 <b>2020 NF PE RVU:</b> 0.80 <b>2020 Fac PE RVU:</b> 0.47
<b>RUC Recommendation:</b> 1.18		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

# Status Report: CMS Requests and Relativity Assessment Issues

<b>67505</b>	<b>Retrobulbar injection; alcohol</b>			<b>Global:</b> 000	<b>Issue:</b> Injection – Eye	<b>Screen:</b> CMS 000-Day Global Typically Reported with an E/M	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2017	<b>Tab</b> 11	<b>Specialty Developing Recommendation:</b>	AAO, ASRS	<b>First Identified:</b> October 2017	<b>2019 est Medicare Utilization:</b> 140	<b>2007 Work RVU:</b> 1.27 <b>2007 NF PE RVU:</b> 0.65 <b>2007 Fac PE RVU</b> 0.34 <b>Result:</b> Decrease	<b>2020 Work RVU:</b> 1.18 <b>2020 NF PE RVU:</b> 1.08 <b>2020 Fac PE RVU:</b> 0.71
<b>RUC Recommendation:</b> 1.18				<b>Referred to CPT Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
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<b>67515</b>	<b>Injection of medication or other substance into Tenon's capsule</b>			<b>Global:</b> 000	<b>Issue:</b> Injection – Eye	<b>Screen:</b> CMS 000-Day Global Typically Reported with an E/M	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2017	<b>Tab</b> 11	<b>Specialty Developing Recommendation:</b>	AAO, ASRS	<b>First Identified:</b> July 2016	<b>2019 est Medicare Utilization:</b> 24,360	<b>2007 Work RVU:</b> 1.40 <b>2007 NF PE RVU:</b> 0.65 <b>2007 Fac PE RVU</b> 0.45 <b>Result:</b> Decrease	<b>2020 Work RVU:</b> 0.75 <b>2020 NF PE RVU:</b> 1.00 <b>2020 Fac PE RVU:</b> 0.86
<b>RUC Recommendation:</b> 0.84				<b>Referred to CPT Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
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<b>67820</b>	<b>Correction of trichiasis; epilation, by forceps only</b>			<b>Global:</b> 000	<b>Issue:</b> Correction of Trichiasis	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab</b> 29	<b>Specialty Developing Recommendation:</b>	AOA, AOA (optometry)	<b>First Identified:</b> July 2015	<b>2019 est Medicare Utilization:</b> 222,157	<b>2007 Work RVU:</b> 0.71 <b>2007 NF PE RVU:</b> 0.57 <b>2007 Fac PE RVU</b> 0.54 <b>Result:</b> Decrease	<b>2020 Work RVU:</b> 0.32 <b>2020 NF PE RVU:</b> 0.41 <b>2020 Fac PE RVU:</b> 0.46
<b>RUC Recommendation:</b> 0.32				<b>Referred to CPT Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

## Status Report: CMS Requests and Relativity Assessment Issues

**67914** Repair of ectropion; suture

**Global:** 090

**Issue:** Repair of Eyelid

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

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2013

**Tab** 24

**Specialty Developing  
Recommendation:** AAO

**First  
Identified:** October 2012

**2019 est  
Medicare  
Utilization:** 1,601

**2007 Work RVU:** 3.70

**2020 Work RVU:** 3.75

**2007 NF PE RVU:** 5.98

**2020 NF PE RVU:** 9.60

**2007 Fac PE RVU** 2.99

**2020 Fac PE RVU:**5.19

**Result:** Maintain

**RUC Recommendation:** 3.75

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**67915** Repair of ectropion; thermocauterization

**Global:** 090

**Issue:** Repair of Eyelid

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

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2013

**Tab** 24

**Specialty Developing  
Recommendation:** AAO

**First  
Identified:** October 2012

**2019 est  
Medicare  
Utilization:** 332

**2007 Work RVU:** 3.21

**2020 Work RVU:** 2.03

**2007 NF PE RVU:** 5.62

**2020 NF PE RVU:** 6.48

**2007 Fac PE RVU** 2.75

**2020 Fac PE RVU:**3.38

**Result:** Decrease

**RUC Recommendation:** 2.03

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**67916** Repair of ectropion; excision tarsal wedge

**Global:** 090

**Issue:** Repair of Eyelid

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

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2013

**Tab** 24

**Specialty Developing  
Recommendation:** AAO

**First  
Identified:** October 2012

**2019 est  
Medicare  
Utilization:** 1,895

**2007 Work RVU:** 5.37

**2020 Work RVU:** 5.48

**2007 NF PE RVU:** 7.68

**2020 NF PE RVU:** 11.24

**2007 Fac PE RVU** 4.65

**2020 Fac PE RVU:**6.23

**Result:** Maintain

**RUC Recommendation:** 5.48

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

**67917** Repair of ectropion; extensive (eg, tarsal strip operations)

**Global:** 090

**Issue:** Repair of Eyelid

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

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2013

**Tab** 24

**Specialty Developing  
Recommendation:** AAO

**First  
Identified:** October 2012

**2019 est  
Medicare  
Utilization:** 24,678

**2007 Work RVU:** 6.08

**2020 Work RVU:** 5.93

**2007 NF PE RVU:** 8.08

**2020 NF PE RVU:** 11.09

**2007 Fac PE RVU** 4.95

**2020 Fac PE RVU:**6.52

**Result:** Decrease

**RUC Recommendation:** 5.93

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**67921** Repair of entropion; suture

**Global:** 090

**Issue:** Repair of Eyelid

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

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2013

**Tab** 24

**Specialty Developing  
Recommendation:** AAO

**First  
Identified:** October 2012

**2019 est  
Medicare  
Utilization:** 3,614

**2007 Work RVU:** 3.42

**2020 Work RVU:** 3.47

**2007 NF PE RVU:** 5.83

**2020 NF PE RVU:** 9.64

**2007 Fac PE RVU** 2.84

**2020 Fac PE RVU:**5.02

**Result:** Maintain

**RUC Recommendation:** 3.47

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**67922** Repair of entropion; thermocauterization

**Global:** 090

**Issue:** Repair of Eyelid

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

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2013

**Tab** 24

**Specialty Developing  
Recommendation:** AAO

**First  
Identified:** October 2012

**2019 est  
Medicare  
Utilization:** 100

**2007 Work RVU:** 3.09

**2020 Work RVU:** 2.03

**2007 NF PE RVU:** 5.55

**2020 NF PE RVU:** 6.26

**2007 Fac PE RVU** 2.7

**2020 Fac PE RVU:**3.36

**Result:** Decrease

**RUC Recommendation:** 2.03

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**67923** Repair of entropion; excision tarsal wedge

**Global:** 090

**Issue:** Repair of Eyelid

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

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2013

**Tab** 24

**Specialty Developing  
Recommendation:** AAO

**First  
Identified:** October 2012

**2019 est  
Medicare  
Utilization:** 1,300

**2007 Work RVU:** 5.94

**2020 Work RVU:** 5.48

**2007 NF PE RVU:** 7.76

**2020 NF PE RVU:** 11.25

**2007 Fac PE RVU** 4.86

**2020 Fac PE RVU:**6.26

**Result:** Decrease

**RUC Recommendation:** 5.48

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**67924** Repair of entropion; extensive (eg, tarsal strip or capsulopalpebral fascia repairs operation)

**Global:** 090

**Issue:** Repair of Eyelid

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

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2013

**Tab** 24

**Specialty Developing  
Recommendation:** AAO

**First  
Identified:** October 2012

**2019 est  
Medicare  
Utilization:** 11,149

**2007 Work RVU:** 5.84

**2020 Work RVU:** 5.93

**2007 NF PE RVU:** 8.48

**2020 NF PE RVU:** 11.87

**2007 Fac PE RVU** 4.57

**2020 Fac PE RVU:**6.53

**Result:** Maintain

**RUC Recommendation:** 5.93

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**68040** Expression of conjunctival follicles (eg, for trachoma)

**Global:** 000

**Issue:** Treatment of Eyelid  
Lesions

**Screen:** High Volume Growth1

**Complete?** Yes

**Most Recent  
RUC Meeting:** September 2011

**Tab** 51

**Specialty Developing  
Recommendation:** AAO

**First  
Identified:** February 2008

**2019 est  
Medicare  
Utilization:** 6,702

**2007 Work RVU:** 0.85

**2020 Work RVU:** 0.85

**2007 NF PE RVU:** 0.69

**2020 NF PE RVU:** 0.88

**2007 Fac PE RVU** 0.42

**2020 Fac PE RVU:**0.50

**Result:** Maintain

**RUC Recommendation:** Revised parenthetical

**Referred to CPT** February 2013

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

<b>68200</b>	<b>Subconjunctival injection</b>			<b>Global:</b> 000	<b>Issue:</b> Subconjunctival Injection	<b>Screen:</b> Harvard Valued - Utilization over 30,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2013	<b>Tab</b> 18	<b>Specialty Developing Recommendation:</b>	AAO	<b>First Identified:</b> April 2011	<b>2019 est Medicare Utilization:</b> 8,059	<b>2007 Work RVU:</b> 0.49 <b>2007 NF PE RVU:</b> 0.52 <b>2007 Fac PE RVU:</b> 0.32 <b>Result:</b> Maintain	<b>2020 Work RVU:</b> 0.49 <b>2020 NF PE RVU:</b> 0.65 <b>2020 Fac PE RVU:</b> 0.45
<b>RUC Recommendation:</b> 0.49				<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

<b>68801</b>	<b>Dilation of lacrimal punctum, with or without irrigation</b>			<b>Global:</b> 010	<b>Issue:</b> Dilation and Probing of Lacrimal and Nasolacrimal Duct	<b>Screen:</b> 010-Day Global Post-Operative Visits	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2015	<b>Tab</b> 23	<b>Specialty Developing Recommendation:</b>	AAO, AOA (optometry)	<b>First Identified:</b> January 2014	<b>2019 est Medicare Utilization:</b> 27,980	<b>2007 Work RVU:</b> 0.96 <b>2007 NF PE RVU:</b> 1.91 <b>2007 Fac PE RVU:</b> 1.48 <b>Result:</b> Maintain	<b>2020 Work RVU:</b> 0.82 <b>2020 NF PE RVU:</b> 1.73 <b>2020 Fac PE RVU:</b> 1.31
<b>RUC Recommendation:</b> 1.00				<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

<b>68810</b>	<b>Probing of nasolacrimal duct, with or without irrigation;</b>			<b>Global:</b> 010	<b>Issue:</b> Dilation and Probing of Lacrimal and Nasolacrimal Duct	<b>Screen:</b> Site of Service Anomaly / 010-Day Global Post-Operative Visits	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2015	<b>Tab</b> 23	<b>Specialty Developing Recommendation:</b>	AAO, AOA (optometry)	<b>First Identified:</b> September 2007	<b>2019 est Medicare Utilization:</b> 28,019	<b>2007 Work RVU:</b> 2.63 <b>2007 NF PE RVU:</b> 3.62 <b>2007 Fac PE RVU:</b> 2.7 <b>Result:</b> Decrease	<b>2020 Work RVU:</b> 1.54 <b>2020 NF PE RVU:</b> 2.86 <b>2020 Fac PE RVU:</b> 1.95
<b>RUC Recommendation:</b> 1.54				<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

# Status Report: CMS Requests and Relativity Assessment Issues

<b>68811</b>	<b>Probing of nasolacrimal duct, with or without irrigation; requiring general anesthesia</b>		<b>Global:</b> 010	<b>Issue:</b>		<b>Screen:</b> 010-Day Global Post-Operative Visits	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2015	<b>Tab</b> 23	<b>Specialty Developing Recommendation:</b>	AAO, AOA (optometry)	<b>First Identified:</b> September 2014	<b>2019 est Medicare Utilization:</b> 451	<b>2007 Work RVU:</b> 2.39 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 2.36 <b>Result:</b> Decrease	<b>2020 Work RVU:</b> 1.74 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 1.95
<b>RUC Recommendation:</b> 2.03				<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>							
<b>68815</b>	<b>Probing of nasolacrimal duct, with or without irrigation; with insertion of tube or stent</b>		<b>Global:</b> 010	<b>Issue:</b> Dilation and Probing of Lacrimal and Nasolacrimal Duct		<b>Screen:</b> 010-Day Global Post-Operative Visits	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2015	<b>Tab</b> 23	<b>Specialty Developing Recommendation:</b>	AAO, AOA (optometry)	<b>First Identified:</b> January 2014	<b>2019 est Medicare Utilization:</b> 8,129	<b>2007 Work RVU:</b> 3.24 <b>2007 NF PE RVU:</b> 7.82 <b>2007 Fac PE RVU:</b> 2.74 <b>Result:</b> Decrease	<b>2020 Work RVU:</b> 2.70 <b>2020 NF PE RVU:</b> 8.12 <b>2020 Fac PE RVU:</b> 3.35
<b>RUC Recommendation:</b> 3.00				<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
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<b>68816</b>	<b>Probing of nasolacrimal duct, with or without irrigation; with transluminal balloon catheter dilation</b>		<b>Global:</b> 010	<b>Issue:</b>		<b>Screen:</b> 010-Day Global Post-Operative Visits	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2015	<b>Tab</b> 23	<b>Specialty Developing Recommendation:</b>	AAO, AOA (optometry)	<b>First Identified:</b> September 2014	<b>2019 est Medicare Utilization:</b> 248	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease	<b>2020 Work RVU:</b> 2.10 <b>2020 NF PE RVU:</b> 20.00 <b>2020 Fac PE RVU:</b> 2.19
<b>RUC Recommendation:</b> 2.35				<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>							
<b>69100</b>	<b>Biopsy external ear</b>		<b>Global:</b> 000	<b>Issue:</b> Biopsy of Ear		<b>Screen:</b> CMS Fastest Growing	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2009	<b>Tab</b> 28	<b>Specialty Developing Recommendation:</b>	AAD	<b>First Identified:</b> October 2008	<b>2019 est Medicare Utilization:</b> 164,973	<b>2007 Work RVU:</b> 0.81 <b>2007 NF PE RVU:</b> 1.75 <b>2007 Fac PE RVU:</b> 0.4 <b>Result:</b> Maintain	<b>2020 Work RVU:</b> 0.81 <b>2020 NF PE RVU:</b> 1.89 <b>2020 Fac PE RVU:</b> 0.47
<b>RUC Recommendation:</b> 0.81				<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

# Status Report: CMS Requests and Relativity Assessment Issues

<b>69200</b>	Removal foreign body from external auditory canal; without general anesthesia	<b>Global:</b> 000	<b>Issue:</b> Removal of Foreign Body	<b>Screen:</b> Harvard Valued - Utilization over 30,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2011	<b>Tab</b> 29	<b>Specialty Developing Recommendation:</b> AAO-HNS	<b>First Identified:</b> April 2011	<b>2019 est Medicare Utilization:</b> 59,479	<b>2007 Work RVU:</b> 0.77 <b>2007 NF PE RVU:</b> 2.29 <b>2007 Fac PE RVU:</b> 0.56 <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 0.77			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> 0.77 <b>2020 NF PE RVU:</b> 1.43 <b>2020 Fac PE RVU:</b> 0.47
<b>69210</b>	Removal impacted cerumen requiring instrumentation, unilateral	<b>Global:</b> 000	<b>Issue:</b> Removal of Cerumen	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2015	<b>Tab</b> 29	<b>Specialty Developing Recommendation:</b> AAFP, AAO-HNS	<b>First Identified:</b> September 2011	<b>2019 est Medicare Utilization:</b> 1,589,620	<b>2007 Work RVU:</b> 0.61 <b>2007 NF PE RVU:</b> 0.61 <b>2007 Fac PE RVU:</b> 0.21 <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 0.58.			<b>Referred to CPT</b> October 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> 0.61 <b>2020 NF PE RVU:</b> 0.66 <b>2020 Fac PE RVU:</b> 0.26
<b>69400</b>	Eustachian tube inflation, transnasal; with catheterization	<b>Global:</b>	<b>Issue:</b> Eustachian Tube Procedures	<b>Screen:</b> High Volume Growth2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2013	<b>Tab</b> 18	<b>Specialty Developing Recommendation:</b> AAO-HNS	<b>First Identified:</b> October 2013	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> 0.83 <b>2007 NF PE RVU:</b> 2.27 <b>2007 Fac PE RVU:</b> 0.66 <b>Result:</b> Deleted from CPT
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> February 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>
<b>69401</b>	Eustachian tube inflation, transnasal; without catheterization	<b>Global:</b>	<b>Issue:</b> Eustachian Tube Procedures	<b>Screen:</b> High Volume Growth2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2013	<b>Tab</b> 18	<b>Specialty Developing Recommendation:</b> AAO-HNS	<b>First Identified:</b> April 2013	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> 0.63 <b>2007 NF PE RVU:</b> 1.3 <b>2007 Fac PE RVU:</b> 0.63 <b>Result:</b> Deleted from CPT
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> February 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>



# Status Report: CMS Requests and Relativity Assessment Issues

**69405 Eustachian tube catheterization, transtympanic** **Global:** **Issue:** Eustachian Tube Procedures **Screen:** High Volume Growth2 **Complete?** Yes

**Most Recent** **Tab** 18 **Specialty Developing** AAO-HNS **First** **2019 est**  
**RUC Meeting:** October 2013 **Recommendation:** **Identified:** October 2013 **Medicare**  
**Utilization:**

**RUC Recommendation:** Deleted from CPT **Referred to CPT** February 2014 **2007 Work RVU:** 2.65 **2020 Work RVU:**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:** **2007 NF PE RVU:** 3.48 **2020 NF PE RVU:**  
**2007 Fac PE RVU** 2.19 **2020 Fac PE RVU:**  
**Result:** Deleted from CPT

**69433 Tympanostomy (requiring insertion of ventilating tube), local or topical anesthesia** **Global:** 010 **Issue:** Tympanostomy **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

**Most Recent** **Tab** 30 **Specialty Developing** AAO-HNS **First** **2019 est**  
**RUC Meeting:** September 2011 **Recommendation:** **Identified:** April 2011 **Medicare**  
**Utilization:** 48,248

**RUC Recommendation:** 1.57 **Referred to CPT** **2007 Work RVU:** 1.54 **2020 Work RVU:** 1.57  
**Referred to CPT Asst** ☐ **Published in CPT Asst:** **2007 NF PE RVU:** 3.09 **2020 NF PE RVU:** 3.83  
**2007 Fac PE RVU** 1.6 **2020 Fac PE RVU:**1.93  
**Result:** Maintain

**69801 Labyrinthotomy, with perfusion of vestibuloactive drug(s), transcanal** **Global:** 000 **Issue:** Labyrinthotomy **Screen:** CMS Fastest Growing / Site of Service Anomaly (99238-Only) / CPT Assistant Analysis **Complete?** Yes

**Most Recent** **Tab** 21 **Specialty Developing** AAO-HNS **First** **2019 est**  
**RUC Meeting:** October 2015 **Recommendation:** **Identified:** September 2007 **Medicare**  
**Utilization:** 24,321

**RUC Recommendation:** Review action plan at RAW Oct 2015. 2.06 **Referred to CPT** Feb 2010 **2007 Work RVU:** 8.61 **2020 Work RVU:** 2.06  
**Referred to CPT Asst** ☒ **Published in CPT Asst:** May 2011 **2007 NF PE RVU:** NA **2020 NF PE RVU:** 3.71  
**2007 Fac PE RVU** 9.31 **2020 Fac PE RVU:**1.21  
**Result:** Decrease

# Status Report: CMS Requests and Relativity Assessment Issues

**69802** Labyrinthotomy, with perfusion of vestibuloactive drug(s); with mastoidectomy **Global:** **Issue:** Labryinthotomy **Screen:** CMS Fastest Growing / Site of Service Anomaly (99238-Only) **Complete?** Yes

**Most Recent RUC Meeting:** April 2010 **Tab** 16 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** **2019 est Medicare Utilization:** **2007 Work RVU:** 13.39 **2020 Work RVU:** **2007 NF PE RVU:** NA **2020 NF PE RVU:** **2007 Fac PE RVU** 11.91 **2020 Fac PE RVU:** **RUC Recommendation:** Deleted from CPT **Referred to CPT** February 2011 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

**69930** Cochlear device implantation, with or without mastoidectomy **Global:** 090 **Issue:** Cochlear Device Implantation **Screen:** Site of Service Anomaly **Complete?** Yes

**Most Recent RUC Meeting:** February 2008 **Tab** M **Specialty Developing Recommendation:** AAO-HNS **First Identified:** September 2007 **2019 est Medicare Utilization:** 4,267 **2007 Work RVU:** 17.60 **2020 Work RVU:** 17.73 **2007 NF PE RVU:** NA **2020 NF PE RVU:** NA **2007 Fac PE RVU** 14.06 **2020 Fac PE RVU:** 14.60 **RUC Recommendation:** 17.60 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

**70030** Radiologic examination, eye, for detection of foreign body **Global:** XXX **Issue:** X-Ray of Eye **Screen:** CMS-Other - Utilization over 20,000 **Complete?** Yes

**Most Recent RUC Meeting:** January 2020 **Tab** 28 **Specialty Developing Recommendation:** **First Identified:** January 2019 **2019 est Medicare Utilization:** 23,756 **2007 Work RVU:** 0.17 **2020 Work RVU:** 0.17 **2007 NF PE RVU:** 0.51 **2020 NF PE RVU:** 0.68 **2007 Fac PE RVU** NA **2020 Fac PE RVU:** NA **RUC Recommendation:** 0.18 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

# Status Report: CMS Requests and Relativity Assessment Issues

## 70100 Radiologic examination, mandible; partial, less than 4 views

Global: XXX

Issue: RAW

Screen: High Volume Growth2

Complete? Yes

Most Recent  
RUC Meeting: October 2013

Tab 18

Specialty Developing  
Recommendation:

First  
Identified: April 2013

2019 est  
Medicare  
Utilization: 20,165

2007 Work RVU: 0.18

2020 Work RVU: 0.18

2007 NF PE RVU: 0.59

2020 NF PE RVU: 0.83

2007 Fac PE RVU NA

2020 Fac PE RVU:NA

Result: Maintain

RUC Recommendation: RUC to submit letter to CMS specifying the innapropriate reporting of this service with the hand-held device in Texas.

Referred to CPT

Referred to CPT Asst ☐ Published in CPT Asst:

## 70210 Radiologic examination, sinuses, paranasal, less than 3 views

Global: XXX

Issue: X-Ray Exam - Sinuses

Screen: CMS-Other - Utilization  
over 30,000

Complete? Yes

Most Recent  
RUC Meeting: January 2019

Tab 24

Specialty Developing  
Recommendation: AAFP, ACP,  
ACR, ASNR

First  
Identified: October 2017

2019 est  
Medicare  
Utilization: 31,748

2007 Work RVU: 0.17

2020 Work RVU: 0.17

2007 NF PE RVU: 0.65

2020 NF PE RVU: 0.68

2007 Fac PE RVU NA

2020 Fac PE RVU:NA

Result: Increase

RUC Recommendation: 0.20

Referred to CPT

Referred to CPT Asst ☐ Published in CPT Asst:

## 70220 Radiologic examination, sinuses, paranasal, complete, minimum of 3 views

Global: XXX

Issue: X-Ray Exam - Sinuses

Screen: CMS-Other - Utilization  
over 30,000

Complete? Yes

Most Recent  
RUC Meeting: January 2019

Tab 24

Specialty Developing  
Recommendation: AAFP, ACP,  
ACR, ASNR

First  
Identified: October 2017

2019 est  
Medicare  
Utilization: 59,212

2007 Work RVU: 0.25

2020 Work RVU: 0.22

2007 NF PE RVU: 0.82

2020 NF PE RVU: 0.79

2007 Fac PE RVU NA

2020 Fac PE RVU:NA

Result: Decrease

RUC Recommendation: 0.22

Referred to CPT

Referred to CPT Asst ☐ Published in CPT Asst:

## Status Report: CMS Requests and Relativity Assessment Issues

### 70250 Radiologic examination, skull; less than 4 views

Global: XXX

Issue: X-Ray Exam – Skull

Screen: CMS-Other - Utilization  
over 30,000

Complete? Yes

Most Recent  
RUC Meeting: January 2019

Tab 25

Specialty Developing  
Recommendation: ACR, ASNR

First  
Identified: October 2017

2019 est  
Medicare  
Utilization: 45,019

2007 Work RVU: 0.24

2020 Work RVU: 0.18

2007 NF PE RVU: 0.7

2020 NF PE RVU: 0.80

2007 Fac PE RVU NA

2020 Fac PE RVU:NA

Result: Decrease

RUC Recommendation: 0.20

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

### 70260 Radiologic examination, skull; complete, minimum of 4 views

Global: XXX

Issue: X-Ray Exam – Skull

Screen: CMS-Other - Utilization  
over 30,000

Complete? Yes

Most Recent  
RUC Meeting: January 2019

Tab 25

Specialty Developing  
Recommendation: ACR, ASNR

First  
Identified: October 2017

2019 est  
Medicare  
Utilization: 9,622

2007 Work RVU: 0.34

2020 Work RVU: 0.28

2007 NF PE RVU: 0.96

2020 NF PE RVU: 0.94

2007 Fac PE RVU NA

2020 Fac PE RVU:NA

Result: Decrease

RUC Recommendation: 0.29

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

### 70310 Radiologic examination, teeth; partial examination, less than full mouth

Global: XXX

Issue: RAW

Screen: High Volume Growth2

Complete? Yes

Most Recent  
RUC Meeting: October 2013

Tab 18

Specialty Developing  
Recommendation:

First  
Identified: April 2013

2019 est  
Medicare  
Utilization: 2,217

2007 Work RVU: 0.16

2020 Work RVU: 0.16

2007 NF PE RVU: 0.58

2020 NF PE RVU: 0.92

2007 Fac PE RVU NA

2020 Fac PE RVU:NA

Result: Maintain

RUC Recommendation: RUC to submit letter to CMS specifying the inappropriate reporting of this service with the hand-held device in Texas.

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

# Status Report: CMS Requests and Relativity Assessment Issues

**70360 Radiologic examination; neck, soft tissue** **Global:** XXX **Issue:** X-Ray Exam – Neck **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** January 2019 **Tab** 26 **Specialty Developing Recommendation:** AAFP, ACP, ACR, ASNR **First Identified:** October 2017 **2019 est Medicare Utilization:** 64,675 **2007 Work RVU:** 0.17 **2020 Work RVU:** 0.18 **2007 NF PE RVU:** 0.5 **2020 NF PE RVU:** 0.66 **2007 Fac PE RVU:** NA **2020 Fac PE RVU:** NA **Result:** Increase

**RUC Recommendation:** 0.20 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**70371 Complex dynamic pharyngeal and speech evaluation by cine or video recording** **Global:** XXX **Issue:** Laryngography **Screen:** Codes Reported Together 75% or More-Part2 / CPT Assistant Analysis 2018 **Complete?** Yes

**Most Recent RUC Meeting:** January 2019 **Tab** 37 **Specialty Developing Recommendation:** ACR, AAFP **First Identified:** October 2012 **2019 est Medicare Utilization:** 1,976 **2007 Work RVU:** 0.84 **2020 Work RVU:** 0.84 **2007 NF PE RVU:** 2.14 **2020 NF PE RVU:** 2.12 **2007 Fac PE RVU:** NA **2020 Fac PE RVU:** NA **Result:** Maintain

**RUC Recommendation:** CPT Assistant article published, addressed issues identified. **Referred to CPT** **Referred to CPT Asst** ☒ **Published in CPT Asst:** July 2014

**70373 Laryngography, contrast, radiological supervision and interpretation** **Global:** **Issue:** Laryngography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** October 2012 **Tab** **Specialty Developing Recommendation:** ACR, AAFP **First Identified:** October 2012 **2019 est Medicare Utilization:** **2007 Work RVU:** 0.44 **2020 Work RVU:** **2007 NF PE RVU:** 1.83 **2020 NF PE RVU:** **2007 Fac PE RVU:** NA **2020 Fac PE RVU:** **Result:** Maintain

**RUC Recommendation:** CPT Assistant article published. **Referred to CPT** **Referred to CPT Asst** ☒ **Published in CPT Asst:** July 2014

# Status Report: CMS Requests and Relativity Assessment Issues

<b>70450</b>	Computed tomography, head or brain; without contrast material	<b>Global:</b> XXX	<b>Issue:</b> CT Head/Brain	<b>Screen:</b> CMS-Other - Utilization over 500,000 / CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2019	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2019	<b>Tab 15</b>	<b>Specialty Developing Recommendation:</b> ACR, ASNR	<b>First Identified:</b> April 2011	<b>2019 est Medicare Utilization:</b> 5,711,912	<b>2007 Work RVU:</b> 0.85 <b>2007 NF PE RVU:</b> 4.91 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 0.85			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> 0.85 <b>2020 NF PE RVU:</b> 2.34 <b>2020 Fac PE RVU:</b> NA
<b>70460</b>	Computed tomography, head or brain; with contrast material(s)	<b>Global:</b> XXX	<b>Issue:</b> CT Head/Brain	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2019	<b>Tab 15</b>	<b>Specialty Developing Recommendation:</b> ACR, ASNR	<b>First Identified:</b> April 2013	<b>2019 est Medicare Utilization:</b> 28,050	<b>2007 Work RVU:</b> 1.13 <b>2007 NF PE RVU:</b> 6.06 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 1.13			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> 1.13 <b>2020 NF PE RVU:</b> 3.40 <b>2020 Fac PE RVU:</b> NA
<b>70470</b>	Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections	<b>Global:</b> XXX	<b>Issue:</b> CT Head/Brain	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2019	<b>Tab 15</b>	<b>Specialty Developing Recommendation:</b> ACR, ASNR	<b>First Identified:</b> October 2009	<b>2019 est Medicare Utilization:</b> 92,135	<b>2007 Work RVU:</b> 1.27 <b>2007 NF PE RVU:</b> 7.49 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 1.27			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> 1.27 <b>2020 NF PE RVU:</b> 4.04 <b>2020 Fac PE RVU:</b> NA

## Status Report: CMS Requests and Relativity Assessment Issues

**70480** Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material **Global:** XXX **Issue:** CT – Orbit/Ear/Fossa **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** October 2018

**Tab 16 Specialty Developing Recommendation:** ACR, ASNR

**First Identified:** October 2017

**2019 est Medicare Utilization:** 54,791

**2007 Work RVU:** 1.28

**2020 Work RVU:** 1.28

**2007 NF PE RVU:** 5.86

**2020 NF PE RVU:** 4.29

**2007 Fac PE RVU:** NA

**2020 Fac PE RVU:** NA

**Result:** Maintain

**RUC Recommendation:** 1.28

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**70481** Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; with contrast material(s) **Global:** XXX **Issue:** CT – Orbit/Ear/Fossa **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** October 2018

**Tab 16 Specialty Developing Recommendation:** ACR, ASNR

**First Identified:** October 2017

**2019 est Medicare Utilization:** 10,929

**2007 Work RVU:** 1.38

**2020 Work RVU:** 1.13

**2007 NF PE RVU:** 6.95

**2020 NF PE RVU:** 5.10

**2007 Fac PE RVU:** NA

**2020 Fac PE RVU:** NA

**Result:** Decrease

**RUC Recommendation:** 1.13

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**70482** Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material, followed by contrast material(s) and further sections **Global:** XXX **Issue:** CT – Orbit/Ear/Fossa **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** October 2018

**Tab 16 Specialty Developing Recommendation:** ACR, ASNR

**First Identified:** October 2017

**2019 est Medicare Utilization:** 4,917

**2007 Work RVU:** 1.45

**2020 Work RVU:** 1.27

**2007 NF PE RVU:** 8.36

**2020 NF PE RVU:** 5.62

**2007 Fac PE RVU:** NA

**2020 Fac PE RVU:** NA

**Result:** Decrease

**RUC Recommendation:** 1.27

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**70486** Computed tomography, maxillofacial area; without contrast material      **Global:** XXX    **Issue:** CT – Maxillofacial      **Screen:** CMS-Other - Utilization over 250,000      **Complete?** Yes

**Most Recent RUC Meeting:** April 2014      **Tab** 41    **Specialty Developing Recommendation:** ACR, ASNR    **First Identified:** April 2013      **2019 est Medicare Utilization:** 532,110      **2007 Work RVU:** 1.14      **2020 Work RVU:** 0.85  
**2007 NF PE RVU:** 5.42      **2020 NF PE RVU:** 3.01  
**2007 Fac PE RVU:** NA      **2020 Fac PE RVU:** NA  
**Result:** Decrease

**RUC Recommendation:** 0.85      **Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**70487** Computed tomography, maxillofacial area; with contrast material(s)      **Global:** XXX    **Issue:** CT – Maxillofacial      **Screen:** CMS-Other - Utilization over 250,000      **Complete?** Yes

**Most Recent RUC Meeting:** April 2014      **Tab** 41    **Specialty Developing Recommendation:** ACR, ASNR    **First Identified:** April 2014      **2019 est Medicare Utilization:** 30,559      **2007 Work RVU:** 1.30      **2020 Work RVU:** 1.13  
**2007 NF PE RVU:** 6.55      **2020 NF PE RVU:** 3.51  
**2007 Fac PE RVU:** NA      **2020 Fac PE RVU:** NA  
**Result:** Decrease

**RUC Recommendation:** 1.17      **Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**70488** Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections      **Global:** XXX    **Issue:** CT – Maxillofacial      **Screen:** CMS-Other - Utilization over 250,000      **Complete?** Yes

**Most Recent RUC Meeting:** April 2014      **Tab** 41    **Specialty Developing Recommendation:** ACR, ASNR    **First Identified:** April 2014      **2019 est Medicare Utilization:** 3,505      **2007 Work RVU:** 1.42      **2020 Work RVU:** 1.27  
**2007 NF PE RVU:** 8.11      **2020 NF PE RVU:** 4.39  
**2007 Fac PE RVU:** NA      **2020 Fac PE RVU:** NA  
**Result:** Decrease

**RUC Recommendation:** 1.30      **Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**70490** Computed tomography, soft tissue neck; without contrast material      **Global:** XXX    **Issue:** CT Soft Tissue Neck      **Screen:** CMS High Expenditure Procedural Codes2      **Complete?** Yes

**Most Recent RUC Meeting:** January 2017      **Tab** 21    **Specialty Developing Recommendation:** ACR, ASNR    **First Identified:** July 2015      **2019 est Medicare Utilization:** 68,230      **2007 Work RVU:** 1.28      **2020 Work RVU:** 1.28  
**2007 NF PE RVU:** 5.39      **2020 NF PE RVU:** 3.28  
**2007 Fac PE RVU:** NA      **2020 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** 1.28      **Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**



# Status Report: CMS Requests and Relativity Assessment Issues

<b>70491</b>	<b>Computed tomography, soft tissue neck; with contrast material(s)</b>	<b>Global:</b> XXX	<b>Issue:</b> CT Soft Tissue Neck	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab 21</b>	<b>Specialty Developing Recommendation:</b> ACR, ASNR	<b>First Identified:</b> July 2015	<b>2019 est Medicare Utilization:</b> 279,888	<b>2007 Work RVU:</b> 1.38 <b>2007 NF PE RVU:</b> 6.48 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 1.38			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> 1.38 <b>2020 NF PE RVU:</b> 4.25 <b>2020 Fac PE RVU:</b> NA

<b>70492</b>	<b>Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections</b>	<b>Global:</b> XXX	<b>Issue:</b> CT Soft Tissue Neck	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab 21</b>	<b>Specialty Developing Recommendation:</b> ACR, ASNR	<b>First Identified:</b> July 2015	<b>2019 est Medicare Utilization:</b> 25,867	<b>2007 Work RVU:</b> 1.45 <b>2007 NF PE RVU:</b> 8.04 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Increase
<b>RUC Recommendation:</b> 1.62			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> 1.62 <b>2020 NF PE RVU:</b> 5.17 <b>2020 Fac PE RVU:</b> NA

<b>70496</b>	<b>Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing</b>	<b>Global:</b> XXX	<b>Issue:</b> CT Angiography – Head & Neck	<b>Screen:</b> High Volume Growth1 / CMS Fastest Growing / High Volume Growth2 / High Volume Growth5	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2019	<b>Tab 37</b>	<b>Specialty Developing Recommendation:</b> ACR, ASNR	<b>First Identified:</b> February 2008	<b>2019 est Medicare Utilization:</b> 525,192	<b>2007 Work RVU:</b> 1.75 <b>2007 NF PE RVU:</b> 12.43 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 1.75			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> 1.75 <b>2020 NF PE RVU:</b> 6.49 <b>2020 Fac PE RVU:</b> NA

## Status Report: CMS Requests and Relativity Assessment Issues

**70498** Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing **Global:** XXX **Issue:** CT Angiography – Head & Neck **Screen:** High Volume Growth1 / CMS Fastest Growing / High Volume Growth5 **Complete?** Yes

**Most Recent RUC Meeting:** January 2019

**Tab 37** **Specialty Developing Recommendation:** ACR, ASNR

**First Identified:** February 2008

**2019 est Medicare Utilization:** 546,880

**2007 Work RVU:** 1.75

**2020 Work RVU:** 1.75

**2007 NF PE RVU:** 12.45

**2020 NF PE RVU:** 6.48

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**NA

**Result:** Maintain

**RUC Recommendation:** 1.75

**Referred to CPT**

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

**70540** Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)

**Global:** XXX

**Issue:** MRI Face and Neck

**Screen:** CMS High Expenditure Procedural Codes2

**Complete?** Yes

**Most Recent RUC Meeting:** January 2016

**Tab 39** **Specialty Developing Recommendation:** ACR, ASNR

**First Identified:** July 2015

**2019 est Medicare Utilization:** 10,325

**2007 Work RVU:** 1.35

**2020 Work RVU:** 1.35

**2007 NF PE RVU:** 12.11

**2020 NF PE RVU:** 5.91

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**NA

**Result:** Maintain

**RUC Recommendation:** 1.35

**Referred to CPT**

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

**70542** Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; with contrast material(s)

**Global:** XXX

**Issue:** MRI Face and Neck

**Screen:** CMS High Expenditure Procedural Codes2

**Complete?** Yes

**Most Recent RUC Meeting:** January 2016

**Tab 39** **Specialty Developing Recommendation:** ACR, ASNR

**First Identified:** July 2015

**2019 est Medicare Utilization:** 993

**2007 Work RVU:** 1.62

**2020 Work RVU:** 1.62

**2007 NF PE RVU:** 14.09

**2020 NF PE RVU:** 6.99

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**NA

**Result:** Maintain

**RUC Recommendation:** 1.62

**Referred to CPT**

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

# Status Report: CMS Requests and Relativity Assessment Issues

**70543** Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast material(s) and further sequences **Global:** XXX **Issue:** MRI Face and Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** January 2016

**Tab 39 Specialty Developing Recommendation:** ACR, ASNR

**First Identified:** July 2015

**2019 est Medicare Utilization:** 61,843

**2007 Work RVU:** 2.15

**2020 Work RVU:** 2.15

**2007 NF PE RVU:** 23.65

**2020 NF PE RVU:** 8.70

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**NA

**Result:** Maintain

**RUC Recommendation:** 2.15

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**70544** Magnetic resonance angiography, head; without contrast material(s)

**Global:** XXX

**Issue:** Magnetic Resonance Angiography (MR) Head/Neck

**Screen:** CMS High Expenditure Procedural Codes2

**Complete?** Yes

**Most Recent RUC Meeting:** October 2016

**Tab 18 Specialty Developing Recommendation:** ACR, ASNR

**First Identified:** July 2015

**2019 est Medicare Utilization:** 247,119

**2007 Work RVU:** 1.20

**2020 Work RVU:** 1.20

**2007 NF PE RVU:** 12.46

**2020 NF PE RVU:** 5.62

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**NA

**Result:** Maintain

**RUC Recommendation:** 1.20

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**70545** Magnetic resonance angiography, head; with contrast material(s)

**Global:** XXX

**Issue:** Magnetic Resonance Angiography (MR) Head/Neck

**Screen:** CMS High Expenditure Procedural Codes2

**Complete?** Yes

**Most Recent RUC Meeting:** October 2016

**Tab 18 Specialty Developing Recommendation:** ACR, ASNR

**First Identified:** July 2015

**2019 est Medicare Utilization:** 3,638

**2007 Work RVU:** 1.20

**2020 Work RVU:** 1.20

**2007 NF PE RVU:** 12.44

**2020 NF PE RVU:** 5.93

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**NA

**Result:** Maintain

**RUC Recommendation:** 1.20

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

<b>70546</b>	<b>Magnetic resonance angiography, head; without contrast material(s), followed by contrast material(s) and further sequences</b>	<b>Global:</b> XXX	<b>Issue:</b> Magnetic Resonance Angiography (MR) Head/Neck	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2016	<b>Tab 18</b>	<b>Specialty Developing Recommendation:</b> ACR, ASNR	<b>First Identified:</b> July 2015	<b>2019 est Medicare Utilization:</b> 18,220	<b>2007 Work RVU:</b> 1.80 <b>2007 NF PE RVU:</b> 22.97 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Decrease <b>2020 Work RVU:</b> 1.48 <b>2020 NF PE RVU:</b> 8.87 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 1.48			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
<hr/>					
<b>70547</b>	<b>Magnetic resonance angiography, neck; without contrast material(s)</b>	<b>Global:</b> XXX	<b>Issue:</b> Magnetic Resonance Angiography (MR) Head/Neck	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2016	<b>Tab 19</b>	<b>Specialty Developing Recommendation:</b> ACR, ASNR	<b>First Identified:</b> July 2015	<b>2019 est Medicare Utilization:</b> 78,876	<b>2007 Work RVU:</b> 1.20 <b>2007 NF PE RVU:</b> 12.45 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Maintain <b>2020 Work RVU:</b> 1.20 <b>2020 NF PE RVU:</b> 5.65 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 1.20			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
<hr/>					
<b>70548</b>	<b>Magnetic resonance angiography, neck; with contrast material(s)</b>	<b>Global:</b> XXX	<b>Issue:</b> Magnetic Resonance Angiography (MR) Head/Neck	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2016	<b>Tab 19</b>	<b>Specialty Developing Recommendation:</b> ACR, ASNR	<b>First Identified:</b> July 2015	<b>2019 est Medicare Utilization:</b> 17,524	<b>2007 Work RVU:</b> 1.20 <b>2007 NF PE RVU:</b> 12.65 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Increase <b>2020 Work RVU:</b> 1.50 <b>2020 NF PE RVU:</b> 6.14 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 1.50			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	

# Status Report: CMS Requests and Relativity Assessment Issues

**70549** Magnetic resonance angiography, neck; without contrast material(s), followed by contrast material(s) and further sequences **Global:** XXX **Issue:** Magnetic Resonance Angiography (MR) Head/Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** October 2016

**Tab 19** **Specialty Developing Recommendation:** ACR, ASNR

**First Identified:** July 2015

**2019 est Medicare Utilization:** 58,959

**2007 Work RVU:** 1.80

**2020 Work RVU:** 1.80

**2007 NF PE RVU:** 22.96

**2020 NF PE RVU:** 9.05

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**NA

**Result:** Maintain

**RUC Recommendation:** 1.80

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**70551** Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material **Global:** XXX **Issue:** MRI-Brain **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

**Most Recent RUC Meeting:** January 2013

**Tab 26** **Specialty Developing Recommendation:** ACR, ASNR

**First Identified:** September 2011

**2019 est Medicare Utilization:** 1,166,152

**2007 Work RVU:** 1.48

**2020 Work RVU:** 1.48

**2007 NF PE RVU:** 12.2

**2020 NF PE RVU:** 4.70

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**NA

**Result:** Maintain

**RUC Recommendation:** 1.48

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**70552** Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s) **Global:** XXX **Issue:** MRI-Brain **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

**Most Recent RUC Meeting:** January 2013

**Tab 26** **Specialty Developing Recommendation:** ACR, ASNR

**First Identified:** September 2011

**2019 est Medicare Utilization:** 21,951

**2007 Work RVU:** 1.78

**2020 Work RVU:** 1.78

**2007 NF PE RVU:** 14.22

**2020 NF PE RVU:** 6.80

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**NA

**Result:** Maintain

**RUC Recommendation:** 1.78

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

<b>70553</b>	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences	<b>Global:</b> XXX	<b>Issue:</b> MRI-Brain	<b>Screen:</b> CMS-Other - Utilization over 500,000 / CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2013	<b>Tab 26</b> <b>Specialty Developing Recommendation:</b> ACR, ASNR	<b>First Identified:</b> April 2011	<b>2019 est Medicare Utilization:</b> 1,005,264	<b>2007 Work RVU:</b> 2.36 <b>2007 NF PE RVU:</b> 23.53 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Maintain	<b>2020 Work RVU:</b> 2.29 <b>2020 NF PE RVU:</b> 7.85 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 2.36		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>					
<b>71010</b>	Radiologic examination, chest; single view, frontal	<b>Global:</b>	<b>Issue:</b> Chest X-Rays	<b>Screen:</b> Low Value-High Volume / CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab 07</b> <b>Specialty Developing Recommendation:</b> ACR	<b>First Identified:</b> October 2010	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> 0.18 <b>2007 NF PE RVU:</b> 0.5 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Deleted from CPT	<b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> February 2016 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>					
<b>71015</b>	Radiologic examination, chest; stereo, frontal	<b>Global:</b>	<b>Issue:</b> Chest X-Rays	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab 07</b> <b>Specialty Developing Recommendation:</b> ACR	<b>First Identified:</b> July 2015	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> 0.21 <b>2007 NF PE RVU:</b> 0.58 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Deleted from CPT	<b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> February 2016 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

## Status Report: CMS Requests and Relativity Assessment Issues

**71020** Radiologic examination, chest, 2 views, frontal and lateral;

**Global:**

**Issue:** Chest X-Rays

**Screen:** MPC List / CMS High  
Expenditure Procedural  
Codes2

**Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2016

**Tab** 07

**Specialty Developing** ACR  
**Recommendation:**

**First**  
**Identified:** October 2010

**2019 est**  
**Medicare**  
**Utilization:**

**2007 Work RVU:** 0.22

**2020 Work RVU:**

**2007 NF PE RVU:** 0.66

**2020 NF PE RVU:**

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2016

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

**71021** Radiologic examination, chest, 2 views, frontal and lateral; with apical lordotic procedure

**Global:**

**Issue:** Chest X-Rays

**Screen:** CMS High Expenditure  
Procedural Codes2

**Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2016

**Tab** 07

**Specialty Developing** ACR  
**Recommendation:**

**First**  
**Identified:** July 2015

**2019 est**  
**Medicare**  
**Utilization:**

**2007 Work RVU:** 0.27

**2020 Work RVU:**

**2007 NF PE RVU:** 0.79

**2020 NF PE RVU:**

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2016

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

**71022** Radiologic examination, chest, 2 views, frontal and lateral; with oblique projections

**Global:**

**Issue:** Chest X-Rays

**Screen:** CMS High Expenditure  
Procedural Codes2

**Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2016

**Tab** 07

**Specialty Developing** ACR  
**Recommendation:**

**First**  
**Identified:** July 2015

**2019 est**  
**Medicare**  
**Utilization:**

**2007 Work RVU:** 0.31

**2020 Work RVU:**

**2007 NF PE RVU:** 0.84

**2020 NF PE RVU:**

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2016

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

# Status Report: CMS Requests and Relativity Assessment Issues

**71023** Radiologic examination, chest, 2 views, frontal and lateral; with fluoroscopy **Global:** **Issue:** Chest X-Ray **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** April 2016 **Tab** 07 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2019 est Medicare Utilization:** **2007 Work RVU:** 0.38 **2020 Work RVU:** **2007 NF PE RVU:** 1.06 **2020 NF PE RVU:** **2007 Fac PE RVU** NA **2020 Fac PE RVU:** **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** February 2016 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**71030** Radiologic examination, chest, complete, minimum of 4 views; **Global:** **Issue:** Chest X-Rays **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** April 2016 **Tab** 07 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2019 est Medicare Utilization:** **2007 Work RVU:** 0.31 **2020 Work RVU:** **2007 NF PE RVU:** 0.88 **2020 NF PE RVU:** **2007 Fac PE RVU** NA **2020 Fac PE RVU:** **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** February 2016 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**71034** Radiologic examination, chest, complete, minimum of 4 views; with fluoroscopy **Global:** **Issue:** Chest X-Rays **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** April 2016 **Tab** 07 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2019 est Medicare Utilization:** **2007 Work RVU:** 0.46 **2020 Work RVU:** **2007 NF PE RVU:** 1.69 **2020 NF PE RVU:** **2007 Fac PE RVU** NA **2020 Fac PE RVU:** **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** February 2016 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**71035** Radiologic examination, chest, special views (eg, lateral decubitus, Bucky studies) **Global:** **Issue:** Chest X-Rays **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** April 2016 **Tab** 07 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2019 est Medicare Utilization:** **2007 Work RVU:** 0.18 **2020 Work RVU:** **2007 NF PE RVU:** 0.62 **2020 NF PE RVU:** **2007 Fac PE RVU** NA **2020 Fac PE RVU:** **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** February 2016 **Referred to CPT Asst** ☐ **Published in CPT Asst:**



## Status Report: CMS Requests and Relativity Assessment Issues

### 71045 Radiologic examination, chest; single view

Global: XXX Issue: Chest X-Ray

Screen: CMS High Expenditure  
Procedural Codes2

Complete? Yes

Most Recent Tab 07 Specialty Developing ACR  
RUC Meeting: April 2016 Recommendation:

First 2019 est  
Identified: February 2016 Medicare  
Utilization: 15,582,853

2007 Work RVU: 2020 Work RVU: 0.18  
2007 NF PE RVU: 2020 NF PE RVU: 0.52  
2007 Fac PE RVU 2020 Fac PE RVU:NA  
Result: Decrease

RUC Recommendation: 0.18

Referred to CPT February 2016  
Referred to CPT Asst ☐ Published in CPT Asst:

### 71046 Radiologic examination, chest; 2 views

Global: XXX Issue: Chest X-Ray

Screen: CMS High Expenditure  
Procedural Codes2

Complete? Yes

Most Recent Tab 07 Specialty Developing ACR  
RUC Meeting: April 2016 Recommendation:

First 2019 est  
Identified: February 2016 Medicare  
Utilization: 10,465,557

2007 Work RVU: 2020 Work RVU: 0.22  
2007 NF PE RVU: 2020 NF PE RVU: 0.68  
2007 Fac PE RVU 2020 Fac PE RVU:NA  
Result: Decrease

RUC Recommendation: 0.22

Referred to CPT February 2016  
Referred to CPT Asst ☐ Published in CPT Asst:

### 71047 Radiologic examination, chest; 3 views

Global: XXX Issue: Chest X-Ray

Screen: CMS High Expenditure  
Procedural Codes2

Complete? Yes

Most Recent Tab 07 Specialty Developing ACR  
RUC Meeting: April 2016 Recommendation:

First 2019 est  
Identified: February 2016 Medicare  
Utilization: 15,324

2007 Work RVU: 2020 Work RVU: 0.27  
2007 NF PE RVU: 2020 NF PE RVU: 0.87  
2007 Fac PE RVU 2020 Fac PE RVU:NA  
Result: Decrease

RUC Recommendation: 0.27

Referred to CPT February 2016  
Referred to CPT Asst ☐ Published in CPT Asst:

### 71048 Radiologic examination, chest; 4 or more views

Global: XXX Issue: Chest X-Ray

Screen: CMS High Expenditure  
Procedural Codes2

Complete? Yes

Most Recent Tab 07 Specialty Developing ACR  
RUC Meeting: April 2016 Recommendation:

First 2019 est  
Identified: February 2016 Medicare  
Utilization: 10,897

2007 Work RVU: 2020 Work RVU: 0.31  
2007 NF PE RVU: 2020 NF PE RVU: 0.93  
2007 Fac PE RVU 2020 Fac PE RVU:NA  
Result: Decrease

RUC Recommendation: 0.31

Referred to CPT February 2016  
Referred to CPT Asst ☐ Published in CPT Asst:

## Status Report: CMS Requests and Relativity Assessment Issues

**71090** Insertion pacemaker, fluoroscopy and radiography, radiological supervision and interpretation **Global:** **Issue:** Insertion/Removal of Pacemaker or Pacing Cardioverter-Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

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

**First Identified:** February 2010

**2019 est Medicare Utilization:**

**2007 Work RVU:** 0.00

**2020 Work RVU:**

**2007 NF PE RVU:** NA

**2020 NF PE RVU:**

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2011

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

**71100** Radiologic examination, ribs, unilateral; 2 views

**Global:** XXX

**Issue:** X-Ray of Ribs

**Screen:** CMS-Other - Utilization over 250,000 / CMS-Other - Utilization over 250,000-Part2

**Complete?** Yes

**Most Recent** **Tab** 30 **Specialty Developing** ACR  
**RUC Meeting:** April 2016 **Recommendation:**

**First Identified:** April 2013

**2019 est Medicare Utilization:** 174,554

**2007 Work RVU:** 0.22

**2020 Work RVU:** 0.22

**2007 NF PE RVU:** 0.63

**2020 NF PE RVU:** 0.76

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**NA

**Result:** Maintain

**RUC Recommendation:** 0.22

**Referred to CPT**

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

**71101** Radiologic examination, ribs, unilateral; including posteroanterior chest, minimum of 3 views

**Global:** XXX

**Issue:** X-Ray of Ribs

**Screen:** CMS-Other - Utilization over 250,000-Part2

**Complete?** Yes

**Most Recent** **Tab** 30 **Specialty Developing** ACR  
**RUC Meeting:** April 2016 **Recommendation:**

**First Identified:** October 2015

**2019 est Medicare Utilization:** 301,474

**2007 Work RVU:** 0.27

**2020 Work RVU:** 0.27

**2007 NF PE RVU:** 0.75

**2020 NF PE RVU:** 0.86

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**NA

**Result:** Maintain

**RUC Recommendation:** 0.27

**Referred to CPT**

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

# Status Report: CMS Requests and Relativity Assessment Issues

## 71110 Radiologic examination, ribs, bilateral; 3 views

Global: XXX Issue: X-Ray of Ribs

Screen: CMS-Other - Utilization over 250,000-Part2

Complete? Yes

Most Recent RUC Meeting: April 2016 Tab 30 Specialty Developing Recommendation: ACR

First Identified: October 2015

2019 est Medicare Utilization: 24,795

2007 Work RVU: 0.27

2020 Work RVU: 0.29

2007 NF PE RVU: 0.84

2020 NF PE RVU: 0.90

2007 Fac PE RVU NA

2020 Fac PE RVU:NA

Result: Maintain

RUC Recommendation: 0.29

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

## 71111 Radiologic examination, ribs, bilateral; including posteroanterior chest, minimum of 4 views

Global: XXX Issue: X-Ray of Ribs

Screen: CMS-Other - Utilization over 250,000-Part2

Complete? Yes

Most Recent RUC Meeting: April 2016 Tab 30 Specialty Developing Recommendation: ACR

First Identified: October 2015

2019 est Medicare Utilization: 30,595

2007 Work RVU: 0.32

2020 Work RVU: 0.32

2007 NF PE RVU: 1

2020 NF PE RVU: 1.10

2007 Fac PE RVU NA

2020 Fac PE RVU:NA

Result: Maintain

RUC Recommendation: 0.32

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

## 71250 Computed tomography, thorax; without contrast material

Global: XXX Issue: Screening CT of Thorax

Screen: CMS Fastest Growing / CMS High Expenditure Procedural Codes2

Complete? Yes

Most Recent RUC Meeting: October 2019 Tab 07 Specialty Developing Recommendation: ACR

First Identified: October 2008

2019 est Medicare Utilization: 2,320,224

2007 Work RVU: 1.16

2020 Work RVU: 1.16

2007 NF PE RVU: 6.24

2020 NF PE RVU: 3.23

2007 Fac PE RVU NA

2020 Fac PE RVU:NA

Result: Increase

RUC Recommendation: 1.16

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

# Status Report: CMS Requests and Relativity Assessment Issues

<b>71260</b>	Computed tomography, thorax; with contrast material(s)	<b>Global:</b> XXX	<b>Issue:</b> Screening CT of Thorax	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2019	<b>Tab</b> 07 <b>Specialty Developing Recommendation:</b> ACR	<b>First Identified:</b> July 2015	<b>2019 est Medicare Utilization:</b> 1,835,534	<b>2007 Work RVU:</b> 1.24 <b>2007 NF PE RVU:</b> 7.5 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Maintain	<b>2020 Work RVU:</b> 1.24 <b>2020 NF PE RVU:</b> 4.21 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 1.38		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

<b>71270</b>	Computed tomography, thorax; without contrast material, followed by contrast material(s) and further sections	<b>Global:</b> XXX	<b>Issue:</b> Screening CT of Thorax	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2019	<b>Tab</b> 07 <b>Specialty Developing Recommendation:</b> ACR	<b>First Identified:</b> July 2015	<b>2019 est Medicare Utilization:</b> 70,977	<b>2007 Work RVU:</b> 1.38 <b>2007 NF PE RVU:</b> 9.36 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Maintain	<b>2020 Work RVU:</b> 1.38 <b>2020 NF PE RVU:</b> 5.08 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 1.24		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

<b>71275</b>	Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	<b>Global:</b> XXX	<b>Issue:</b> CT Angiography-Chest	<b>Screen:</b> CMS Fastest Growing / MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2014	<b>Tab</b> 27 <b>Specialty Developing Recommendation:</b> ACR, SIR	<b>First Identified:</b> October 2008	<b>2019 est Medicare Utilization:</b> 1,282,747	<b>2007 Work RVU:</b> 1.92 <b>2007 NF PE RVU:</b> 12.53 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Decrease	<b>2020 Work RVU:</b> 1.82 <b>2020 NF PE RVU:</b> 6.60 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 1.82		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Jun 2009		

# Status Report: CMS Requests and Relativity Assessment Issues

<b>712X0</b>				<b>Global:</b>	<b>Issue:</b> Screening CT of Thorax	<b>Screen:</b> CMS-Other - Utilization over 30,000-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2019	<b>Tab</b> 07	<b>Specialty Developing Recommendation:</b>		<b>First Identified:</b> May 2019	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU</b> <b>Result:</b> Increase	<b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>
<b>RUC Recommendation:</b> 1.16				<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

<b>72020</b>	<b>Radiologic examination, spine, single view, specify level</b>			<b>Global:</b> XXX	<b>Issue:</b> X-Ray Spine	<b>Screen:</b> CMS-Other - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2019	<b>Tab</b> 27	<b>Specialty Developing Recommendation:</b>	AAOS, ACR, ASNR	<b>First Identified:</b> April 2016	<b>2019 est Medicare Utilization:</b> 145,820	<b>2007 Work RVU:</b> 0.15 <b>2007 NF PE RVU:</b> 0.46 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Increase	<b>2020 Work RVU:</b> 0.16 <b>2020 NF PE RVU:</b> 0.50 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.16				<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

<b>72040</b>	<b>Radiologic examination, spine, cervical; 2 or 3 views</b>			<b>Global:</b> XXX	<b>Issue:</b> X-Ray Spine	<b>Screen:</b> Low Value-High Volume / CMS-Other - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2019	<b>Tab</b> 27	<b>Specialty Developing Recommendation:</b>	AAOS, ACR, ASNR	<b>First Identified:</b> October 2010	<b>2019 est Medicare Utilization:</b> 641,468	<b>2007 Work RVU:</b> 0.22 <b>2007 NF PE RVU:</b> 0.69 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Maintain	<b>2020 Work RVU:</b> 0.22 <b>2020 NF PE RVU:</b> 0.83 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.22				<b>Referred to CPT</b> October 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

# Status Report: CMS Requests and Relativity Assessment Issues

**72050 Radiologic examination, spine, cervical; 4 or 5 views** **Global:** XXX **Issue:** X-Ray Spine **Screen:** Low Value-High Volume / CMS-Other - Utilization over 100,000 **Complete?** Yes

**Most Recent RUC Meeting:** January 2019 **Tab 27** **Specialty Developing Recommendation:** AAOS, ACR, ASNR **First Identified:** October 2010 **2019 est Medicare Utilization:** 378,821 **2007 Work RVU:** 0.31 **2020 Work RVU:** 0.27 **2007 NF PE RVU:** 1 **2020 NF PE RVU:** 1.13 **2007 Fac PE RVU:** NA **2020 Fac PE RVU:** NA **Result:** Decrease

**RUC Recommendation:** 0.27 **Referred to CPT** October 2011 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**72052 Radiologic examination, spine, cervical; 6 or more views** **Global:** XXX **Issue:** X-Ray Spine **Screen:** Low Value-High Volume / CMS-Other - Utilization over 100,000 **Complete?** Yes

**Most Recent RUC Meeting:** January 2019 **Tab 27** **Specialty Developing Recommendation:** AAOS, ACR, ASNR **First Identified:** October 2010 **2019 est Medicare Utilization:** 80,862 **2007 Work RVU:** 0.36 **2020 Work RVU:** 0.30 **2007 NF PE RVU:** 1.27 **2020 NF PE RVU:** 1.35 **2007 Fac PE RVU:** NA **2020 Fac PE RVU:** NA **Result:** Decrease

**RUC Recommendation:** 0.30 **Referred to CPT** October 2011 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**72070 Radiologic examination, spine; thoracic, 2 views** **Global:** XXX **Issue:** X-Ray Spine **Screen:** CMS-Other - Utilization over 250,000 / CMS-Other - Utilization over 100,000 **Complete?** Yes

**Most Recent RUC Meeting:** January 2019 **Tab 27** **Specialty Developing Recommendation:** AAOS, ACR, ASNR **First Identified:** April 2013 **2019 est Medicare Utilization:** 300,255 **2007 Work RVU:** 0.22 **2020 Work RVU:** 0.20 **2007 NF PE RVU:** 0.69 **2020 NF PE RVU:** 0.67 **2007 Fac PE RVU:** NA **2020 Fac PE RVU:** NA **Result:** Decrease

**RUC Recommendation:** 0.20 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**72072** Radiologic examination, spine; thoracic, 3 views

**Global:** XXX

**Issue:** X-Ray Spine

**Screen:** CMS-Other - Utilization  
over 100,000

**Complete?** Yes

**Most Recent  
RUC Meeting:** January 2019

**Tab** 27

**Specialty Developing  
Recommendation:**

AAOS, ACR,  
ASNR

**First  
Identified:** April 2016

**2019 est  
Medicare  
Utilization:** 184,802

**2007 Work RVU:** 0.22

**2020 Work RVU:** 0.23

**2007 NF PE RVU:** 0.78

**2020 NF PE RVU:** 0.83

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**NA

**Result:** Increase

**RUC Recommendation:** 0.23

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**72074** Radiologic examination, spine; thoracic, minimum of 4 views

**Global:** XXX

**Issue:** X-Ray Spine

**Screen:** CMS-Other - Utilization  
over 100,000

**Complete?** Yes

**Most Recent  
RUC Meeting:** January 2019

**Tab** 27

**Specialty Developing  
Recommendation:**

AAOS, ACR,  
ASNR

**First  
Identified:** October 2016

**2019 est  
Medicare  
Utilization:** 12,934

**2007 Work RVU:** 0.22

**2020 Work RVU:** 0.25

**2007 NF PE RVU:** 0.96

**2020 NF PE RVU:** 0.94

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**NA

**Result:** Increase

**RUC Recommendation:** 0.25

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**72080** Radiologic examination, spine; thoracolumbar junction, minimum of 2 views

**Global:** XXX

**Issue:** X-Ray Spine

**Screen:** CMS-Other - Utilization  
over 100,000

**Complete?** Yes

**Most Recent  
RUC Meeting:** January 2019

**Tab** 27

**Specialty Developing  
Recommendation:**

AAOS, ACR,  
ASNR

**First  
Identified:** October 2016

**2019 est  
Medicare  
Utilization:** 46,745

**2007 Work RVU:** 0.22

**2020 Work RVU:** 0.21

**2007 NF PE RVU:** 0.72

**2020 NF PE RVU:** 0.73

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**NA

**Result:** Decrease

**RUC Recommendation:** 0.21

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

<b>72100</b>	<b>Radiologic examination, spine, lumbosacral; 2 or 3 views</b>	<b>Global:</b> XXX	<b>Issue:</b> X-Ray Spine	<b>Screen:</b> Harvard Valued - Utilization over 100,000 / Low Value-High Volume / CMS-Other - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2019	<b>Tab 27</b>	<b>Specialty Developing Recommendation:</b> AAOS, ACR, ASNR	<b>First Identified:</b> February 2010	<b>2019 est Medicare Utilization:</b> 1,818,987	<b>2007 Work RVU:</b> 0.22 <b>2007 NF PE RVU:</b> 0.75 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 0.22			<b>Referred to CPT</b> October 2010	<b>Published in CPT Asst:</b> <input type="checkbox"/>	<b>2020 Work RVU:</b> 0.22 <b>2020 NF PE RVU:</b> 0.83 <b>2020 Fac PE RVU:</b> NA

<b>72110</b>	<b>Radiologic examination, spine, lumbosacral; minimum of 4 views</b>	<b>Global:</b> XXX	<b>Issue:</b> X-Ray Spine	<b>Screen:</b> Harvard Valued - Utilization over 100,000 / CMS-Other - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2019	<b>Tab 27</b>	<b>Specialty Developing Recommendation:</b> AAOS, ACR, ASNR	<b>First Identified:</b> October 2009	<b>2019 est Medicare Utilization:</b> 821,121	<b>2007 Work RVU:</b> 0.31 <b>2007 NF PE RVU:</b> 1.03 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 0.26			<b>Referred to CPT</b> October 2010	<b>Published in CPT Asst:</b> <input type="checkbox"/>	<b>2020 Work RVU:</b> 0.26 <b>2020 NF PE RVU:</b> 1.08 <b>2020 Fac PE RVU:</b> NA

<b>72114</b>	<b>Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views</b>	<b>Global:</b> XXX	<b>Issue:</b> X-Ray Spine	<b>Screen:</b> Harvard Valued - Utilization over 100,000 / CMS-Other - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2019	<b>Tab 27</b>	<b>Specialty Developing Recommendation:</b> AAOS, ACR, ASNR	<b>First Identified:</b> February 2010	<b>2019 est Medicare Utilization:</b> 96,261	<b>2007 Work RVU:</b> 0.36 <b>2007 NF PE RVU:</b> 1.36 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 0.30			<b>Referred to CPT</b> October 2010	<b>Published in CPT Asst:</b> <input type="checkbox"/>	<b>2020 Work RVU:</b> 0.30 <b>2020 NF PE RVU:</b> 1.35 <b>2020 Fac PE RVU:</b> NA



# Status Report: CMS Requests and Relativity Assessment Issues

<b>72120</b>	<b>Radiologic examination, spine, lumbosacral; bending views only, 2 or 3 views</b>	<b>Global:</b> XXX	<b>Issue:</b> X-Ray Spine	<b>Screen:</b> Harvard Valued - Utilization over 100,000 / CMS-Other - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2019	<b>Tab 27</b>	<b>Specialty Developing Recommendation:</b> AAOS, ACR, ASNR	<b>First Identified:</b> February 2010	<b>2019 est Medicare Utilization:</b> 52,798	<b>2007 Work RVU:</b> 0.22 <b>2007 NF PE RVU:</b> 0.98 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Maintain <b>2020 Work RVU:</b> 0.22 <b>2020 NF PE RVU:</b> 0.87 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.22			<b>Referred to CPT</b> October 2010	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>
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<b>72125</b>	<b>Computed tomography, cervical spine; without contrast material</b>	<b>Global:</b> XXX	<b>Issue:</b> CT Spine	<b>Screen:</b> CMS Fastest Growing	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2018	<b>Tab 18</b>	<b>Specialty Developing Recommendation:</b> ACR, ASNR	<b>First Identified:</b> October 2008	<b>2019 est Medicare Utilization:</b> 1,308,607	<b>2007 Work RVU:</b> 1.16 <b>2007 NF PE RVU:</b> 6.24 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Maintain <b>2020 Work RVU:</b> 1.00 <b>2020 NF PE RVU:</b> 3.32 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 1.07			<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>
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<b>72126</b>	<b>Computed tomography, cervical spine; with contrast material</b>	<b>Global:</b> XXX	<b>Issue:</b> CT Spine	<b>Screen:</b> CMS Fastest Growing	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2018	<b>Tab 18</b>	<b>Specialty Developing Recommendation:</b> ACR, ASNR	<b>First Identified:</b> February 2009	<b>2019 est Medicare Utilization:</b> 20,553	<b>2007 Work RVU:</b> 1.22 <b>2007 NF PE RVU:</b> 7.49 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Maintain <b>2020 Work RVU:</b> 1.22 <b>2020 NF PE RVU:</b> 4.21 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 1.22			<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>
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<b>72127</b>	<b>Computed tomography, cervical spine; without contrast material, followed by contrast material(s) and further sections</b>	<b>Global:</b> XXX	<b>Issue:</b> CT Spine	<b>Screen:</b> CMS Fastest Growing	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2018	<b>Tab 18</b>	<b>Specialty Developing Recommendation:</b> ACR, ASNR	<b>First Identified:</b> February 2009	<b>2019 est Medicare Utilization:</b> 1,798	<b>2007 Work RVU:</b> 1.27 <b>2007 NF PE RVU:</b> 9.3 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Maintain <b>2020 Work RVU:</b> 1.27 <b>2020 NF PE RVU:</b> 5.14 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 1.27			<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>

# Status Report: CMS Requests and Relativity Assessment Issues

<b>72128</b>	Computed tomography, thoracic spine; without contrast material	Global: XXX	Issue: CT Spine	Screen: CMS Fastest Growing	Complete? Yes
Most Recent RUC Meeting: April 2018	Tab 18 Specialty Developing Recommendation: ACR, ASNR	First Identified: October 2008	2019 est Medicare Utilization: 199,533	2007 Work RVU: 1.16 2007 NF PE RVU: 6.24 2007 Fac PE RVU NA Result: Maintain	2020 Work RVU: 1.00 2020 NF PE RVU: 3.32 2020 Fac PE RVU:NA
RUC Recommendation: 1.00		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

<b>72129</b>	Computed tomography, thoracic spine; with contrast material	Global: XXX	Issue: CT Spine	Screen: CMS Fastest Growing	Complete? Yes
Most Recent RUC Meeting: April 2018	Tab 18 Specialty Developing Recommendation: ACR, ASNR	First Identified: February 2009	2019 est Medicare Utilization: 26,437	2007 Work RVU: 1.22 2007 NF PE RVU: 7.49 2007 Fac PE RVU NA Result: Maintain	2020 Work RVU: 1.22 2020 NF PE RVU: 4.25 2020 Fac PE RVU:NA
RUC Recommendation: 1.22		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

<b>72130</b>	Computed tomography, thoracic spine; without contrast material, followed by contrast material(s) and further sections	Global: XXX	Issue: CT Spine	Screen: CMS Fastest Growing	Complete? Yes
Most Recent RUC Meeting: April 2018	Tab 18 Specialty Developing Recommendation: ACR, ASNR	First Identified: February 2009	2019 est Medicare Utilization: 1,318	2007 Work RVU: 1.27 2007 NF PE RVU: 9.29 2007 Fac PE RVU NA Result: Maintain	2020 Work RVU: 1.27 2020 NF PE RVU: 5.15 2020 Fac PE RVU:NA
RUC Recommendation: 1.27		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

<b>72131</b>	Computed tomography, lumbar spine; without contrast material	Global: XXX	Issue: CT Spine	Screen: CMS Fastest Growing / CMS-Other - Utilization over 30,000	Complete? Yes
Most Recent RUC Meeting: April 2018	Tab 18 Specialty Developing Recommendation: ACR, ASNR	First Identified: February 2009	2019 est Medicare Utilization: 519,043	2007 Work RVU: 1.16 2007 NF PE RVU: 6.24 2007 Fac PE RVU NA Result: Maintain	2020 Work RVU: 1.00 2020 NF PE RVU: 3.30 2020 Fac PE RVU:NA
RUC Recommendation: 1.00		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

# Status Report: CMS Requests and Relativity Assessment Issues

<b>72132</b>	Computed tomography, lumbar spine; with contrast material	<b>Global:</b> XXX	<b>Issue:</b> CT Spine	<b>Screen:</b> CMS Fastest Growing / CMS-Other - Utilization over 30,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2018	<b>Tab 18</b>	<b>Specialty Developing Recommendation:</b> ACR, ASNR	<b>First Identified:</b> February 2009	<b>2019 est Medicare Utilization:</b> 61,654	<b>2007 Work RVU:</b> 1.22 <b>2007 NF PE RVU:</b> 7.49 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 1.22			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> 1.22 <b>2020 NF PE RVU:</b> 4.22 <b>2020 Fac PE RVU:</b> NA
<b>72133</b>	Computed tomography, lumbar spine; without contrast material, followed by contrast material(s) and further sections	<b>Global:</b> XXX	<b>Issue:</b> CT Spine	<b>Screen:</b> CMS Fastest Growing / CMS-Other - Utilization over 30,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2018	<b>Tab 18</b>	<b>Specialty Developing Recommendation:</b> ACR, ASNR	<b>First Identified:</b> February 2009	<b>2019 est Medicare Utilization:</b> 4,078	<b>2007 Work RVU:</b> 1.27 <b>2007 NF PE RVU:</b> 9.34 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 1.27			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> 1.27 <b>2020 NF PE RVU:</b> 5.11 <b>2020 Fac PE RVU:</b> NA
<b>72141</b>	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	<b>Global:</b> XXX	<b>Issue:</b> MRI Neck and Lumbar Spine	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab 25</b>	<b>Specialty Developing Recommendation:</b> ACR	<b>First Identified:</b> September 2011	<b>2019 est Medicare Utilization:</b> 600,156	<b>2007 Work RVU:</b> 1.60 <b>2007 NF PE RVU:</b> 11.76 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 1.48			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> 1.48 <b>2020 NF PE RVU:</b> 4.54 <b>2020 Fac PE RVU:</b> NA

## Status Report: CMS Requests and Relativity Assessment Issues

<b>72142</b>	<b>Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with contrast material(s)</b>	<b>Global:</b> XXX	<b>Issue:</b> MRI Neck and Lumbar Spine	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab 25</b>	<b>Specialty Developing Recommendation:</b> ACR	<b>First Identified:</b> April 2013	<b>2019 est Medicare Utilization:</b> 3,391	<b>2007 Work RVU:</b> 1.92 <b>2007 NF PE RVU:</b> 14.26 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 1.78			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> 1.78 <b>2020 NF PE RVU:</b> 6.99 <b>2020 Fac PE RVU:</b> NA
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<b>72146</b>	<b>Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material</b>	<b>Global:</b> XXX	<b>Issue:</b> MRI Neck and Lumbar Spine	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab 25</b>	<b>Specialty Developing Recommendation:</b> ACR	<b>First Identified:</b> April 2013	<b>2019 est Medicare Utilization:</b> 223,500	<b>2007 Work RVU:</b> 1.60 <b>2007 NF PE RVU:</b> 12.69 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 1.48			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> 1.48 <b>2020 NF PE RVU:</b> 4.54 <b>2020 Fac PE RVU:</b> NA
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<b>72147</b>	<b>Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with contrast material(s)</b>	<b>Global:</b> XXX	<b>Issue:</b> MRI Neck and Lumbar Spine	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab 25</b>	<b>Specialty Developing Recommendation:</b> ACR	<b>First Identified:</b> April 2013	<b>2019 est Medicare Utilization:</b> 3,124	<b>2007 Work RVU:</b> 1.92 <b>2007 NF PE RVU:</b> 13.76 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 1.78			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> 1.78 <b>2020 NF PE RVU:</b> 6.93 <b>2020 Fac PE RVU:</b> NA
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## Status Report: CMS Requests and Relativity Assessment Issues

<b>72148</b>	<b>Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material</b>	<b>Global:</b> XXX	<b>Issue:</b> MRI Neck and Lumbar Spine	<b>Screen:</b> CMS-Other - Utilization over 500,000 / CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab 25</b>	<b>Specialty Developing Recommendation:</b> AAOS, AUR, ACR, NASS, ASNR	<b>First Identified:</b> April 2011	<b>2019 est Medicare Utilization:</b> 1,346,832	<b>2007 Work RVU:</b> 1.48 <b>2007 NF PE RVU:</b> 12.66 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Maintain <b>2020 Work RVU:</b> 1.48 <b>2020 NF PE RVU:</b> 4.55 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 1.48			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
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<b>72149</b>	<b>Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; with contrast material(s)</b>	<b>Global:</b> XXX	<b>Issue:</b> MRI Neck and Lumbar Spine	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab 25</b>	<b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> April 2013	<b>2019 est Medicare Utilization:</b> 5,622	<b>2007 Work RVU:</b> 1.78 <b>2007 NF PE RVU:</b> 14.23 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Maintain <b>2020 Work RVU:</b> 1.78 <b>2020 NF PE RVU:</b> 6.85 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 1.78			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
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<b>72156</b>	<b>Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical</b>	<b>Global:</b> XXX	<b>Issue:</b> MRI Neck and Lumbar Spine	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab 25</b>	<b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> April 2013	<b>2019 est Medicare Utilization:</b> 120,879	<b>2007 Work RVU:</b> 2.57 <b>2007 NF PE RVU:</b> 23.52 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Decrease <b>2020 Work RVU:</b> 2.29 <b>2020 NF PE RVU:</b> 7.93 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 2.29			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	

## Status Report: CMS Requests and Relativity Assessment Issues

**72157** Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; thoracic **Global:** XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2013

**Tab 25 Specialty Developing Recommendation:**

**First Identified:** April 2013

**2019 est Medicare Utilization:** 98,889

**2007 Work RVU:** 2.57

**2020 Work RVU:** 2.29

**2007 NF PE RVU:** 23.12

**2020 NF PE RVU:** 7.95

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**NA

**Result:** Decrease

**RUC Recommendation:** 2.29

**Referred to CPT**

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

**72158** Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar **Global:** XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2013

**Tab 25 Specialty Developing Recommendation:**

**First Identified:** April 2013

**2019 est Medicare Utilization:** 244,364

**2007 Work RVU:** 2.36

**2020 Work RVU:** 2.29

**2007 NF PE RVU:** 23.45

**2020 NF PE RVU:** 7.91

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**NA

**Result:** Decrease

**RUC Recommendation:** 2.29

**Referred to CPT**

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

**72170** Radiologic examination, pelvis; 1 or 2 views **Global:** XXX **Issue:** X-Ray Exam – Pelvis **Screen:** Low Value-High Volume / Codes Reported Together 75% or More-Part2 / CMS-Other - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** January 2019

**Tab 28 Specialty Developing Recommendation:** AAOS, ACR

**First Identified:** October 2010

**2019 est Medicare Utilization:** 792,294

**2007 Work RVU:** 0.17

**2020 Work RVU:** 0.17

**2007 NF PE RVU:** 0.56

**2020 NF PE RVU:** 0.61

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**NA

**Result:** Maintain

**RUC Recommendation:** 0.17

**Referred to CPT** October 2014

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

# Status Report: CMS Requests and Relativity Assessment Issues

<b>72190</b>	<b>Radiologic examination, pelvis; complete, minimum of 3 views</b>	<b>Global:</b> XXX	<b>Issue:</b> X-Ray Exam – Pelvis	<b>Screen:</b> CMS-Other - Utilization over 30,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2019	<b>Tab 28</b>	<b>Specialty Developing Recommendation:</b> AAOS, ACR	<b>First Identified:</b> October 2017	<b>2019 est Medicare Utilization:</b> 56,338	<b>2007 Work RVU:</b> 0.21 <b>2007 NF PE RVU:</b> 0.76 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Increase <b>2020 Work RVU:</b> 0.25 <b>2020 NF PE RVU:</b> 0.87 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.25			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	

<b>72191</b>	<b>Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing</b>	<b>Global:</b> XXX	<b>Issue:</b> CT Angiography	<b>Screen:</b> High Volume Growth1 / CMS Fastest Growing / Codes Reported Together 75% or More-Part1 / CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2013	<b>Tab 12</b>	<b>Specialty Developing Recommendation:</b> ACR, SIR	<b>First Identified:</b> February 2008	<b>2019 est Medicare Utilization:</b> 2,441	<b>2007 Work RVU:</b> 1.81 <b>2007 NF PE RVU:</b> 12.15 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Maintain <b>2020 Work RVU:</b> 1.81 <b>2020 NF PE RVU:</b> 7.16 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 1.81			<b>Referred to CPT</b> October 2010 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	

<b>72192</b>	<b>Computed tomography, pelvis; without contrast material</b>	<b>Global:</b> XXX	<b>Issue:</b> CT Pelvis	<b>Screen:</b> Codes Reported Together 95% or More / CMS Fastest Growing / CMS Request - Final Rule for 2012	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2008	<b>Tab 26</b>	<b>Specialty Developing Recommendation:</b> ACR	<b>First Identified:</b> October 2008	<b>2019 est Medicare Utilization:</b> 183,953	<b>2007 Work RVU:</b> 1.09 <b>2007 NF PE RVU:</b> 6.12 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Maintain <b>2020 Work RVU:</b> 1.09 <b>2020 NF PE RVU:</b> 2.94 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 1.09			<b>Referred to CPT</b> October 2009 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	

# Status Report: CMS Requests and Relativity Assessment Issues

<b>72193</b>	Computed tomography, pelvis; with contrast material(s)	<b>Global:</b> XXX	<b>Issue:</b> CT Pelvis	<b>Screen:</b> Codes Reported Together 95% or More / CMS Fastest Growing / CMS Request - Final Rule for 2012	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2008	<b>Tab</b> 26	<b>Specialty Developing Recommendation:</b> ACR	<b>First Identified:</b> October 2008	<b>2019 est Medicare Utilization:</b> 37,206	<b>2007 Work RVU:</b> 1.16 <b>2007 NF PE RVU:</b> 7.2 <b>2007 Fac PE RVU</b> NA <b>2020 Work RVU:</b> 1.16 <b>2020 NF PE RVU:</b> 5.59 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 1.16			<b>Referred to CPT</b> October 2009 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Maintain

<b>72194</b>	Computed tomography, pelvis; without contrast material, followed by contrast material(s) and further sections	<b>Global:</b> XXX	<b>Issue:</b> CT Abdomen and Pelvis	<b>Screen:</b> Codes Reported Together 95% or More / CMS Fastest Growing / CMS Request - Final Rule for 2012 / CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 44	<b>Specialty Developing Recommendation:</b> ACR	<b>First Identified:</b> February 2008	<b>2019 est Medicare Utilization:</b> 5,552	<b>2007 Work RVU:</b> 1.22 <b>2007 NF PE RVU:</b> 9.06 <b>2007 Fac PE RVU</b> NA <b>2020 Work RVU:</b> 1.22 <b>2020 NF PE RVU:</b> 6.36 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 1.22			<b>Referred to CPT</b> October 2009 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Maintain

<b>72195</b>	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s)	<b>Global:</b> XXX	<b>Issue:</b> MRI Pelvis	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2016	<b>Tab</b> 21	<b>Specialty Developing Recommendation:</b> ACR	<b>First Identified:</b> July 2015	<b>2019 est Medicare Utilization:</b> 85,947	<b>2007 Work RVU:</b> 1.46 <b>2007 NF PE RVU:</b> 12.19 <b>2007 Fac PE RVU</b> NA <b>2020 Work RVU:</b> 1.46 <b>2020 NF PE RVU:</b> 5.93 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 1.46			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Maintain



# Status Report: CMS Requests and Relativity Assessment Issues

<b>72196</b>	Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Global: XXX	Issue: MRI Pelvis	Screen: CMS High Expenditure Procedural Codes2	Complete? Yes
Most Recent RUC Meeting: October 2016	Tab 21 Specialty Developing Recommendation: ACR	First Identified: July 2015	2019 est Medicare Utilization: 2,606	2007 Work RVU: 1.73 2007 NF PE RVU: 14.18 2007 Fac PE RVU NA Result: Maintain	2020 Work RVU: 1.73 2020 NF PE RVU: 6.90 2020 Fac PE RVU:NA
RUC Recommendation: 1.73		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

<b>72197</b>	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s), followed by contrast material(s) and further sequences	Global: XXX	Issue: MRI Pelvis	Screen: CMS High Expenditure Procedural Codes2	Complete? Yes
Most Recent RUC Meeting: October 2016	Tab 21 Specialty Developing Recommendation: ACR	First Identified: July 2015	2019 est Medicare Utilization: 214,192	2007 Work RVU: 2.26 2007 NF PE RVU: 23.71 2007 Fac PE RVU NA Result: Decrease	2020 Work RVU: 2.20 2020 NF PE RVU: 8.68 2020 Fac PE RVU:NA
RUC Recommendation: 2.20		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

<b>72200</b>	Radiologic examination, sacroiliac joints; less than 3 views	Global: XXX	Issue: X-Ray Sacrum	Screen: CMS-Other - Utilization over 100,000	Complete? Yes
Most Recent RUC Meeting: January 2019	Tab 29 Specialty Developing Recommendation: AAOS, ACR	First Identified: October 2016	2019 est Medicare Utilization: 14,605	2007 Work RVU: 0.17 2007 NF PE RVU: 0.58 2007 Fac PE RVU NA Result: Increase	2020 Work RVU: 0.17 2020 NF PE RVU: 0.71 2020 Fac PE RVU:NA
RUC Recommendation: 0.20		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

<b>72202</b>	Radiologic examination, sacroiliac joints; 3 or more views	Global: XXX	Issue: X-Ray Sacrum	Screen: CMS-Other - Utilization over 100,000	Complete? Yes
Most Recent RUC Meeting: January 2019	Tab 29 Specialty Developing Recommendation: AAOS, ACR	First Identified: October 2016	2019 est Medicare Utilization: 39,418	2007 Work RVU: 0.19 2007 NF PE RVU: 0.69 2007 Fac PE RVU NA Result: Increase	2020 Work RVU: 0.23 2020 NF PE RVU: 0.82 2020 Fac PE RVU:NA
RUC Recommendation: 0.26		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

# Status Report: CMS Requests and Relativity Assessment Issues

<b>72220</b>	<b>Radiologic examination, sacrum and coccyx, minimum of 2 views</b>	<b>Global:</b> XXX	<b>Issue:</b> X-Ray Sacrum	<b>Screen:</b> CMS-Other - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2019	<b>Tab 29</b>	<b>Specialty Developing Recommendation:</b> AAOS, ACR	<b>First Identified:</b> April 2016	<b>2019 est Medicare Utilization:</b> 116,528	<b>2007 Work RVU:</b> 0.17 <b>2007 NF PE RVU:</b> 0.61 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Increase <b>2020 Work RVU:</b> 0.17 <b>2020 NF PE RVU:</b> 0.69 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.20			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	

<b>72240</b>	<b>Myelography, cervical, radiological supervision and interpretation</b>	<b>Global:</b> XXX	<b>Issue:</b> Myelography	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab 17</b>	<b>Specialty Developing Recommendation:</b> ACR, ASNR	<b>First Identified:</b> October 2012	<b>2019 est Medicare Utilization:</b> 647	<b>2007 Work RVU:</b> 0.91 <b>2007 NF PE RVU:</b> 4.37 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Maintain <b>2020 Work RVU:</b> 0.91 <b>2020 NF PE RVU:</b> 2.17 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.91			<b>Referred to CPT</b> October 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	

<b>72255</b>	<b>Myelography, thoracic, radiological supervision and interpretation</b>	<b>Global:</b> XXX	<b>Issue:</b> Myelography	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab 17</b>	<b>Specialty Developing Recommendation:</b> ACR, ASNR	<b>First Identified:</b> October 2013	<b>2019 est Medicare Utilization:</b> 125	<b>2007 Work RVU:</b> 0.91 <b>2007 NF PE RVU:</b> 3.98 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Maintain <b>2020 Work RVU:</b> 0.91 <b>2020 NF PE RVU:</b> 2.19 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.91			<b>Referred to CPT</b> October 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	

# Status Report: CMS Requests and Relativity Assessment Issues

<b>72265</b>	<b>Myelography, lumbosacral, radiological supervision and interpretation</b>	<b>Global:</b> XXX	<b>Issue:</b> Myelography	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab 17</b>	<b>Specialty Developing Recommendation:</b> ACR, ASNR	<b>First Identified:</b> October 2012	<b>2019 est Medicare Utilization:</b> 3,681	<b>2007 Work RVU:</b> 0.83 <b>2007 NF PE RVU:</b> 3.83 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Maintain <b>2020 Work RVU:</b> 0.83 <b>2020 NF PE RVU:</b> 2.01 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.83			<b>Referred to CPT</b> October 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		
<hr/>					
<b>72270</b>	<b>Myelography, 2 or more regions (eg, lumbar/thoracic, cervical/thoracic, lumbar/cervical, lumbar/thoracic/cervical), radiological supervision and interpretation</b>	<b>Global:</b> XXX	<b>Issue:</b> Myelography	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab 17</b>	<b>Specialty Developing Recommendation:</b> ACR, ASNR	<b>First Identified:</b> October 2012	<b>2019 est Medicare Utilization:</b> 1,087	<b>2007 Work RVU:</b> 1.33 <b>2007 NF PE RVU:</b> 5.81 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Maintain <b>2020 Work RVU:</b> 1.33 <b>2020 NF PE RVU:</b> 2.60 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 1.33			<b>Referred to CPT</b> October 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		
<hr/>					
<b>72275</b>	<b>Epidurography, radiological supervision and interpretation</b>	<b>Global:</b> XXX	<b>Issue:</b> Epidurography	<b>Screen:</b> Different Performing Specialty from Survey3	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> January 2020	<b>Tab 37</b>	<b>Specialty Developing Recommendation:</b> ASA, AAPM, AAMPR, NASS	<b>First Identified:</b> October 2009	<b>2019 est Medicare Utilization:</b> 66,516	<b>2007 Work RVU:</b> 0.76 <b>2007 NF PE RVU:</b> 2.15 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Maintain <b>2020 Work RVU:</b> 0.76 <b>2020 NF PE RVU:</b> 2.87 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> Refer to CPT			<b>Referred to CPT</b> May 2020 <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/> <b>Published in CPT Asst:</b> Oct 2009 and Q&A - May 2010		

# Status Report: CMS Requests and Relativity Assessment Issues

<b>72291</b>	<b>Radiological supervision and interpretation, percutaneous vertebroplasty, vertebral augmentation, or sacral augmentation (sacroplasty), including cavity creation, per vertebral body or sacrum; under fluoroscopic guidance</b>	<b>Global:</b>	<b>Issue:</b> Percutaneous Vertebroplasty with Radiological S&I	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab 06</b>	<b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> October 2012	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> 0 <b>2007 Fac PE RVU:</b> 0 <b>Result:</b> Deleted from CPT
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> February 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>
<b>72292</b>	<b>Radiological supervision and interpretation, percutaneous vertebroplasty, vertebral augmentation, or sacral augmentation (sacroplasty), including cavity creation, per vertebral body or sacrum; under CT guidance</b>	<b>Global:</b>	<b>Issue:</b> Percutaneous Vertebroplasty with Radiological S&I	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab 06</b>	<b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> October 2012	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> 0 <b>2007 Fac PE RVU:</b> 0 <b>Result:</b> Deleted from CPT
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> February 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>
<b>73000</b>	<b>Radiologic examination; clavicle, complete</b>	<b>Global:</b> XXX	<b>Issue:</b> X-Ray – Clavicle/Shoulder	<b>Screen:</b> CMS-Other - Utilization over 30,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2018	<b>Tab 17</b>	<b>Specialty Developing Recommendation:</b> ACR, AAOS	<b>First Identified:</b> October 2017	<b>2019 est Medicare Utilization:</b> 100,682	<b>2007 Work RVU:</b> 0.16 <b>2007 NF PE RVU:</b> 0.56 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 0.16			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> 0.16 <b>2020 NF PE RVU:</b> 0.70 <b>2020 Fac PE RVU:</b> NA

## Status Report: CMS Requests and Relativity Assessment Issues

### 73010 Radiologic examination; scapula, complete

Global: XXX

Issue: X-Ray – Clavicle/Shoulder

Screen: CMS-Other - Utilization  
over 30,000

Complete? Yes

Most Recent  
RUC Meeting: October 2018

Tab 17

Specialty Developing  
Recommendation: ACR, AAOS

First  
Identified: October 2017

2019 est  
Medicare  
Utilization: 51,052

2007 Work RVU: 0.17

2020 Work RVU: 0.17

2007 NF PE RVU: 0.58

2020 NF PE RVU: 0.59

2007 Fac PE RVU NA

2020 Fac PE RVU:NA

Result: Maintain

RUC Recommendation: 0.17

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

### 73020 Radiologic examination, shoulder; 1 view

Global: XXX

Issue: X-Ray – Clavicle/Shoulder

Screen: CMS-Other - Utilization  
over 30,000

Complete? Yes

Most Recent  
RUC Meeting: October 2018

Tab 17

Specialty Developing  
Recommendation: ACR, AAOS

First  
Identified: October 2017

2019 est  
Medicare  
Utilization: 119,144

2007 Work RVU: 0.15

2020 Work RVU: 0.15

2007 NF PE RVU: 0.5

2020 NF PE RVU: 0.43

2007 Fac PE RVU NA

2020 Fac PE RVU:NA

Result: Maintain

RUC Recommendation: 0.15

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

### 73030 Radiologic examination, shoulder; complete, minimum of 2 views

Global: XXX

Issue: X-Ray – Clavicle/Shoulder

Screen: Low Value-High Volume  
/ CMS-Other - Utilization  
over 30,000

Complete? Yes

Most Recent  
RUC Meeting: October 2018

Tab 17

Specialty Developing  
Recommendation: ACR, AAOS

First  
Identified: October 2010

2019 est  
Medicare  
Utilization: 2,765,924

2007 Work RVU: 0.18

2020 Work RVU: 0.18

2007 NF PE RVU: 0.61

2020 NF PE RVU: 0.73

2007 Fac PE RVU NA

2020 Fac PE RVU:NA

Result: Maintain

RUC Recommendation: 0.18

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

## Status Report: CMS Requests and Relativity Assessment Issues

**73050** Radiologic examination; acromioclavicular joints, bilateral, with or without weighted distraction **Global:** XXX **Issue:** X-Ray – Clavicle/Shoulder **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** October 2018

**Tab 17 Specialty Developing Recommendation:** ACR, AAOS

**First Identified:** October 2017

**2019 est Medicare Utilization:** 8,123

**2007 Work RVU:** 0.20

**2020 Work RVU:** 0.18

**2007 NF PE RVU:** 0.73

**2020 NF PE RVU:** 0.68

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**NA

**Result:** Decrease

**RUC Recommendation:** 0.18

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**73060** Radiologic examination; humerus, minimum of 2 views

**Global:** XXX

**Issue:** X-Ray Exams

**Screen:** CMS-Other - Utilization over 250,000

**Complete?** Yes

**Most Recent RUC Meeting:** September 2014

**Tab 17 Specialty Developing Recommendation:** AAOS, ACR

**First Identified:** April 2013

**2019 est Medicare Utilization:** 341,436

**2007 Work RVU:** 0.17

**2020 Work RVU:** 0.16

**2007 NF PE RVU:** 0.61

**2020 NF PE RVU:** 0.70

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**NA

**Result:** Decrease

**RUC Recommendation:** 0.16

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**73070** Radiologic examination, elbow; 2 views

**Global:** XXX

**Issue:** X-Ray Elbow/Forearm

**Screen:** CMS-Other - Utilization over 100,000

**Complete?** Yes

**Most Recent RUC Meeting:** January 2019

**Tab 30 Specialty Developing Recommendation:** AAOS, ACR, ASSH

**First Identified:** April 2016

**2019 est Medicare Utilization:** 219,794

**2007 Work RVU:** 0.15

**2020 Work RVU:** 0.16

**2007 NF PE RVU:** 0.56

**2020 NF PE RVU:** 0.62

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**NA

**Result:** Increase

**RUC Recommendation:** 0.16

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**73080 Radiologic examination, elbow; complete, minimum of 3 views**      **Global:** XXX    **Issue:** X-Ray Elbow/Forearm    **Screen:** Harvard Valued - Utilization over 100,000 / CMS-Other - Utilization over 100,000    **Complete?** Yes

**Most Recent RUC Meeting:** January 2019    **Tab** 30    **Specialty Developing Recommendation:** AAOS, ACR, ASSH    **First Identified:** October 2009    **2019 est Medicare Utilization:** 404,093    **2007 Work RVU:** 0.17    **2020 Work RVU:** 0.17  
**2007 NF PE RVU:** 0.66    **2020 NF PE RVU:** 0.68  
**2007 Fac PE RVU** NA    **2020 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** 0.17

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

**73090 Radiologic examination; forearm, 2 views**      **Global:** XXX    **Issue:** X-Ray Elbow/Forearm    **Screen:** CMS-Other - Utilization over 100,000    **Complete?** Yes

**Most Recent RUC Meeting:** January 2019    **Tab** 30    **Specialty Developing Recommendation:** AAOS, ACR, ASSH    **First Identified:** April 2016    **2019 est Medicare Utilization:** 230,897    **2007 Work RVU:** 0.16    **2020 Work RVU:** 0.16  
**2007 NF PE RVU:** 0.56    **2020 NF PE RVU:** 0.63  
**2007 Fac PE RVU** NA    **2020 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** 0.16

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

**73100 Radiologic examination, wrist; 2 views**      **Global:** XXX    **Issue:** X-Ray Wrist    **Screen:** CMS High Expenditure Procedural Codes2    **Complete?** Yes

**Most Recent RUC Meeting:** April 2016    **Tab** 32    **Specialty Developing Recommendation:** ACR    **First Identified:** July 2015    **2019 est Medicare Utilization:** 274,134    **2007 Work RVU:** 0.16    **2020 Work RVU:** 0.16  
**2007 NF PE RVU:** 0.55    **2020 NF PE RVU:** 0.74  
**2007 Fac PE RVU** NA    **2020 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** 0.16

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

# Status Report: CMS Requests and Relativity Assessment Issues

**73110** Radiologic examination, wrist; complete, minimum of 3 views

**Global:** XXX **Issue:** X-Ray Wrist

**Screen:** Low Value-High Volume / CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent** **Tab** 32 **Specialty Developing** ACR  
**RUC Meeting:** April 2016 **Recommendation:**

**First Identified:** October 2010 **2019 est Medicare Utilization:** 1,064,258

**2007 Work RVU:** 0.17 **2020 Work RVU:** 0.17  
**2007 NF PE RVU:** 0.63 **2020 NF PE RVU:** 0.90  
**2007 Fac PE RVU** NA **2020 Fac PE RVU:**NA  
**Result:** Maintain

**RUC Recommendation:** 0.17

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

**73120** Radiologic examination, hand; 2 views

**Global:** XXX **Issue:** X-Ray of Hand/Fingers

**Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent** **Tab** 33 **Specialty Developing** ACR  
**RUC Meeting:** April 2016 **Recommendation:**

**First Identified:** July 2015 **2019 est Medicare Utilization:** 278,753

**2007 Work RVU:** 0.16 **2020 Work RVU:** 0.16  
**2007 NF PE RVU:** 0.54 **2020 NF PE RVU:** 0.67  
**2007 Fac PE RVU** NA **2020 Fac PE RVU:**NA  
**Result:** Maintain

**RUC Recommendation:** 0.16

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

**73130** Radiologic examination, hand; minimum of 3 views

**Global:** XXX **Issue:** X-Ray of Hand/Fingers

**Screen:** Low Value-High Volume / CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent** **Tab** 33 **Specialty Developing** ACR  
**RUC Meeting:** April 2016 **Recommendation:**

**First Identified:** October 2010 **2019 est Medicare Utilization:** 1,282,863

**2007 Work RVU:** 0.17 **2020 Work RVU:** 0.17  
**2007 NF PE RVU:** 0.6 **2020 NF PE RVU:** 0.79  
**2007 Fac PE RVU** NA **2020 Fac PE RVU:**NA  
**Result:** Maintain

**RUC Recommendation:** 0.17

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



# Status Report: CMS Requests and Relativity Assessment Issues

**73140** Radiologic examination, finger(s), minimum of 2 views

**Global:** XXX

**Issue:** X-Ray of Hand/Fingers

**Screen:** CMS High Expenditure  
Procedural Codes2

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2016

**Tab 33 Specialty Developing  
Recommendation:** ACR

**First  
Identified:** July 2015

**2019 est  
Medicare  
Utilization:** 388,288

**2007 Work RVU:** 0.13

**2020 Work RVU:** 0.13

**2007 NF PE RVU:** 0.51

**2020 NF PE RVU:** 0.85

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**NA

**Result:** Maintain

**RUC Recommendation:** 0.13

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**73200** Computed tomography, upper extremity; without contrast material

**Global:** XXX

**Issue:** CT Upper Extremity

**Screen:** CMS Fastest Growing

**Complete?** Yes

**Most Recent  
RUC Meeting:** October 2009

**Tab 23 Specialty Developing  
Recommendation:** ACR

**First  
Identified:** October 2008

**2019 est  
Medicare  
Utilization:** 126,320

**2007 Work RVU:** 1.09

**2020 Work RVU:** 1.00

**2007 NF PE RVU:** 5.5

**2020 NF PE RVU:** 3.97

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**NA

**Result:** Maintain

**RUC Recommendation:** 1.09

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**73201** Computed tomography, upper extremity; with contrast material(s)

**Global:** XXX

**Issue:** CT Upper Extremity

**Screen:** CMS Fastest Growing

**Complete?** Yes

**Most Recent  
RUC Meeting:** October 2009

**Tab 40 Specialty Developing  
Recommendation:** ACR

**First  
Identified:** February 2009

**2019 est  
Medicare  
Utilization:** 21,360

**2007 Work RVU:** 1.16

**2020 Work RVU:** 1.16

**2007 NF PE RVU:** 6.58

**2020 NF PE RVU:** 5.04

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**NA

**Result:** Remove from Screen

**RUC Recommendation:** Remove from screen

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**73202** Computed tomography, upper extremity; without contrast material, followed by contrast material(s) and further sections

**Global:** XXX

**Issue:** CT Upper Extremity

**Screen:** CMS Fastest Growing

**Complete?** Yes

**Most Recent  
RUC Meeting:** October 2009

**Tab 40 Specialty Developing  
Recommendation:** ACR

**First  
Identified:** February 2009

**2019 est  
Medicare  
Utilization:** 1,982

**2007 Work RVU:** 1.22

**2020 Work RVU:** 1.22

**2007 NF PE RVU:** 8.38

**2020 NF PE RVU:** 6.52

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**NA

**Result:** Remove from Screen

**RUC Recommendation:** Remove from screen

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

<b>73206</b>	Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	<b>Global:</b> XXX	<b>Issue:</b> CT Angiography	<b>Screen:</b> CMS Request - Final Rule for 2013	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2013	<b>Tab</b> 12 <b>Specialty Developing Recommendation:</b> ACR, SIR	<b>First Identified:</b> May 2013	<b>2019 est Medicare Utilization:</b> 6,543	<b>2007 Work RVU:</b> 1.81 <b>2007 NF PE RVU:</b> 11.22 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Remove from Screen	<b>2020 Work RVU:</b> 1.81 <b>2020 NF PE RVU:</b> 7.31 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> Survey with all CTA codes for October 2013.		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>	
<b>73218</b>	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s)	<b>Global:</b> XXX	<b>Issue:</b> MRI	<b>Screen:</b> CMS Fastest Growing	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2013	<b>Tab</b> 18 <b>Specialty Developing Recommendation:</b> ACR	<b>First Identified:</b> October 2008	<b>2019 est Medicare Utilization:</b> 33,624	<b>2007 Work RVU:</b> 1.35 <b>2007 NF PE RVU:</b> 12.24 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Maintain	<b>2020 Work RVU:</b> 1.35 <b>2020 NF PE RVU:</b> 8.50 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> CPT Assistant published.		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>		<b>Published in CPT Asst:</b> Feb 2011	
<b>73221</b>	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	<b>Global:</b> XXX	<b>Issue:</b> MRI	<b>Screen:</b> CMS Fastest Growing / CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2012	<b>Tab</b> 20 <b>Specialty Developing Recommendation:</b> ACR	<b>First Identified:</b> October 2008	<b>2019 est Medicare Utilization:</b> 475,051	<b>2007 Work RVU:</b> 1.35 <b>2007 NF PE RVU:</b> 11.98 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Maintain	<b>2020 Work RVU:</b> 1.35 <b>2020 NF PE RVU:</b> 5.02 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 1.35		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>	

# Status Report: CMS Requests and Relativity Assessment Issues

<b>73500</b>	<b>Radiologic examination, hip, unilateral; 1 view</b>	<b>Global:</b>	<b>Issue:</b> Radiologic Exam-Hip and Pelvis	<b>Screen:</b> CMS-Other - Utilization over 500,000 / Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2015	<b>Tab 14</b>	<b>Specialty Developing Recommendation:</b> AAOS, ACR	<b>First Identified:</b> April 2011	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> 0.17 <b>2007 NF PE RVU:</b> 0.52 <b>2007 Fac PE RVU:</b> NA <b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> October 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Deleted from CPT
<b>73501</b>	<b>Radiologic examination, hip, unilateral, with pelvis when performed; 1 view</b>	<b>Global:</b> XXX	<b>Issue:</b> Radiologic Exam-Hip and Pelvis	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2015	<b>Tab 14</b>	<b>Specialty Developing Recommendation:</b> AAOS, ACR	<b>First Identified:</b> October 2014	<b>2019 est Medicare Utilization:</b> 285,022	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>2020 Work RVU:</b> 0.18 <b>2020 NF PE RVU:</b> 0.69 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.17			<b>Referred to CPT</b> October 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease
<b>73502</b>	<b>Radiologic examination, hip, unilateral, with pelvis when performed; 2-3 views</b>	<b>Global:</b> XXX	<b>Issue:</b> Radiologic Exam-Hip and Pelvis	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2015	<b>Tab 14</b>	<b>Specialty Developing Recommendation:</b> AAOS, ACR	<b>First Identified:</b> October 2014	<b>2019 est Medicare Utilization:</b> 2,694,536	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>2020 Work RVU:</b> 0.22 <b>2020 NF PE RVU:</b> 1.03 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.22			<b>Referred to CPT</b> October 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease

# Status Report: CMS Requests and Relativity Assessment Issues

**73503** Radiologic examination, hip, unilateral, with pelvis when performed; minimum of 4 views **Global:** XXX **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** April 2015 **Tab 14** **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2014 **2019 est Medicare Utilization:** 46,804 **2007 Work RVU:** **2020 Work RVU:** 0.27 **2007 NF PE RVU:** **2020 NF PE RVU:** 1.28 **2007 Fac PE RVU** **2020 Fac PE RVU:** NA **RUC Recommendation:** 0.27 **Referred to CPT** October 2014 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

**73510** Radiologic examination, hip, unilateral; complete, minimum of 2 views **Global:** **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Havard Valued - Utilization over 1 Million / Low Value-High Volume **Complete?** Yes

**Most Recent RUC Meeting:** April 2015 **Tab 14** **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2008 **2019 est Medicare Utilization:** **2007 Work RVU:** 0.21 **2020 Work RVU:** **2007 NF PE RVU:** 0.67 **2020 NF PE RVU:** **2007 Fac PE RVU** NA **2020 Fac PE RVU:** **RUC Recommendation:** Deleted from CPT **Referred to CPT** October 2014 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

**73520** Radiologic examination, hips, bilateral, minimum of 2 views of each hip, including anteroposterior view of pelvis **Global:** **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

**Most Recent RUC Meeting:** April 2015 **Tab 14** **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** April 2013 **2019 est Medicare Utilization:** **2007 Work RVU:** 0.26 **2020 Work RVU:** **2007 NF PE RVU:** 0.76 **2020 NF PE RVU:** **2007 Fac PE RVU** NA **2020 Fac PE RVU:** **RUC Recommendation:** Deleted from CPT **Referred to CPT** October 2014 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

## Status Report: CMS Requests and Relativity Assessment Issues

**73521** Radiologic examination, hips, bilateral, with pelvis when performed; 2 views **Global:** XXX **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** April 2015 **Tab** 14 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2014 **2019 est Medicare Utilization:** 158,149 **2007 Work RVU:** **2020 Work RVU:** 0.22 **2007 NF PE RVU:** **2020 NF PE RVU:** 0.88 **2007 Fac PE RVU** **2020 Fac PE RVU:** NA **RUC Recommendation:** 0.22 **Referred to CPT** October 2014 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

**73522** Radiologic examination, hips, bilateral, with pelvis when performed; 3-4 views **Global:** XXX **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** April 2015 **Tab** 14 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2014 **2019 est Medicare Utilization:** 188,143 **2007 Work RVU:** **2020 Work RVU:** 0.29 **2007 NF PE RVU:** **2020 NF PE RVU:** 1.15 **2007 Fac PE RVU** **2020 Fac PE RVU:** NA **RUC Recommendation:** 0.29 **Referred to CPT** October 2014 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

**73523** Radiologic examination, hips, bilateral, with pelvis when performed; minimum of 5 views **Global:** XXX **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** April 2015 **Tab** 14 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2014 **2019 est Medicare Utilization:** 107,476 **2007 Work RVU:** **2020 Work RVU:** 0.31 **2007 NF PE RVU:** **2020 NF PE RVU:** 1.33 **2007 Fac PE RVU** **2020 Fac PE RVU:** NA **RUC Recommendation:** 0.31 **Referred to CPT** October 2014 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

<b>73540</b>	<b>Radiologic examination, pelvis and hips, infant or child, minimum of 2 views</b>	<b>Global:</b>	<b>Issue:</b> Radiologic Exam-Hip and Pelvis	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2015	<b>Tab</b> 14	<b>Specialty Developing Recommendation:</b> AAOS, ACR	<b>First Identified:</b> October 2014	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> 0.20 <b>2007 NF PE RVU:</b> 0.68 <b>2007 Fac PE RVU</b> NA <b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> October 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Deleted from CPT
<hr/>					
<b>73542</b>	<b>Radiological examination, sacroiliac joint arthrography, radiological supervision and interpretation</b>	<b>Global:</b>	<b>Issue:</b> Sacroiliac Joint Arthrography	<b>Screen:</b> Different Performing Specialty from Survey	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2010	<b>Tab</b> 45	<b>Specialty Developing Recommendation:</b> ASA, AAPM, AAMPR, NASS, ACR, AUR, ISIS, ASNR	<b>First Identified:</b> October 2009	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> 0.59 <b>2007 NF PE RVU:</b> 1.98 <b>2007 Fac PE RVU</b> NA <b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> February 2011 <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Deleted from CPT	<b>Result:</b> Deleted from CPT
<hr/>					
<b>73550</b>	<b>Radiologic examination, femur, 2 views</b>	<b>Global:</b>	<b>Issue:</b> Radiologic Exam-Hip and Pelvis	<b>Screen:</b> CMS-Other - Utilization over 500,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2015	<b>Tab</b> 14	<b>Specialty Developing Recommendation:</b> AAOS, ACR	<b>First Identified:</b> April 2011	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> 0.17 <b>2007 NF PE RVU:</b> 0.61 <b>2007 Fac PE RVU</b> NA <b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> October 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Deleted from CPT

# Status Report: CMS Requests and Relativity Assessment Issues

**73551 Radiologic examination, femur; 1 view** **Global:** XXX **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** April 2015 **Tab** 14 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2014 **2019 est Medicare Utilization:** 37,871 **2007 Work RVU:** **2020 Work RVU:** 0.16 **2007 NF PE RVU:** **2020 NF PE RVU:** 0.64 **2007 Fac PE RVU** **2020 Fac PE RVU:**NA **RUC Recommendation:** 0.16 **Referred to CPT** October 2014 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

**73552 Radiologic examination, femur; minimum 2 views** **Global:** XXX **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** April 2015 **Tab** 14 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2014 **2019 est Medicare Utilization:** 548,327 **2007 Work RVU:** **2020 Work RVU:** 0.18 **2007 NF PE RVU:** **2020 NF PE RVU:** 0.77 **2007 Fac PE RVU** **2020 Fac PE RVU:**NA **RUC Recommendation:** 0.18 **Referred to CPT** October 2014 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

**73560 Radiologic examination, knee; 1 or 2 views** **Global:** XXX **Issue:** X-Ray Exams **Screen:** Low Value-High Volume **Complete?** Yes

**Most Recent RUC Meeting:** September 2014 **Tab** 17 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2010 **2019 est Medicare Utilization:** 1,784,814 **2007 Work RVU:** 0.17 **2020 Work RVU:** 0.16 **2007 NF PE RVU:** 0.58 **2020 NF PE RVU:** 0.76 **2007 Fac PE RVU** NA **2020 Fac PE RVU:**NA **RUC Recommendation:** 0.16 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

**73562 Radiologic examination, knee; 3 views** **Global:** XXX **Issue:** X-Ray Exams **Screen:** Low Value-High Volume **Complete?** Yes

**Most Recent RUC Meeting:** September 2014 **Tab** 17 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2010 **2019 est Medicare Utilization:** 2,516,006 **2007 Work RVU:** 0.18 **2020 Work RVU:** 0.18 **2007 NF PE RVU:** 0.65 **2020 NF PE RVU:** 0.90 **2007 Fac PE RVU** NA **2020 Fac PE RVU:**NA **RUC Recommendation:** 0.18 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

# Status Report: CMS Requests and Relativity Assessment Issues

**73564** Radiologic examination, knee; complete, 4 or more views

**Global:** XXX

**Issue:** X-Ray Exams

**Screen:** Low Value-High Volume

**Complete?** Yes

**Most Recent RUC Meeting:** September 2014

**Tab** 17

**Specialty Developing Recommendation:** AAOS, ACR

**First Identified:** October 2010

**2019 est Medicare Utilization:** 1,648,754

**2007 Work RVU:** 0.22

**2020 Work RVU:** 0.22

**2007 NF PE RVU:** 0.73

**2020 NF PE RVU:** 0.99

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**NA

**Result:** Maintain

**RUC Recommendation:** 0.22

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**73565** Radiologic examination, knee; both knees, standing, anteroposterior

**Global:** XXX

**Issue:** X-Ray Exams

**Screen:** CMS-Other - Utilization over 250,000

**Complete?** Yes

**Most Recent RUC Meeting:** September 2014

**Tab** 17

**Specialty Developing Recommendation:** AAOS, ACR

**First Identified:** April 2013

**2019 est Medicare Utilization:** 207,121

**2007 Work RVU:** 0.17

**2020 Work RVU:** 0.16

**2007 NF PE RVU:** 0.57

**2020 NF PE RVU:** 0.91

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**NA

**Result:** Decrease

**RUC Recommendation:** 0.16

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**73580** Radiologic examination, knee, arthrography, radiological supervision and interpretation

**Global:** XXX

**Issue:** Contrast X-Ray of Knee Joint

**Screen:** High Volume Growth1 / CMS Fastest Growing / CPT Assistant Analysis / High Volume Growth3

**Complete?** Yes

**Most Recent RUC Meeting:** October 2017

**Tab** 19

**Specialty Developing Recommendation:** AAOS

**First Identified:** February 2008

**2019 est Medicare Utilization:** 30,453

**2007 Work RVU:** 0.54

**2020 Work RVU:** 0.54

**2007 NF PE RVU:** 2.67

**2020 NF PE RVU:** 3.24

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**NA

**Result:** Maintain

**RUC Recommendation:** Review October 2020 via action plan. Show data for the total joint replacement codes in correlation with this service.

**Referred to CPT**

**Referred to CPT Asst** ☒

**Published in CPT Asst:** Jun 2012



# Status Report: CMS Requests and Relativity Assessment Issues

<b>73590</b>	<b>Radiologic examination; tibia and fibula, 2 views</b>	<b>Global:</b> XXX	<b>Issue:</b> X-Ray Exams	<b>Screen:</b> CMS-Other - Utilization over 250,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2014	<b>Tab 17</b>	<b>Specialty Developing Recommendation:</b> AAOS, ACR	<b>First Identified:</b> April 2013	<b>2019 est Medicare Utilization:</b> 500,593	<b>2007 Work RVU:</b> 0.17 <b>2007 NF PE RVU:</b> 0.57 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 0.16			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> 0.16 <b>2020 NF PE RVU:</b> 0.68 <b>2020 Fac PE RVU:</b> NA

<b>73600</b>	<b>Radiologic examination, ankle; 2 views</b>	<b>Global:</b> XXX	<b>Issue:</b> X-Ray Exams	<b>Screen:</b> CMS-Other - Utilization over 250,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2014	<b>Tab 17</b>	<b>Specialty Developing Recommendation:</b> AAOS, ACR, APMA	<b>First Identified:</b> April 2013	<b>2019 est Medicare Utilization:</b> 240,693	<b>2007 Work RVU:</b> 0.16 <b>2007 NF PE RVU:</b> 0.54 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 0.16			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> 0.16 <b>2020 NF PE RVU:</b> 0.71 <b>2020 Fac PE RVU:</b> NA

<b>73610</b>	<b>Radiologic examination, ankle; complete, minimum of 3 views</b>	<b>Global:</b> XXX	<b>Issue:</b> Radiologic Examination	<b>Screen:</b> Havard Valued - Utilization over 1 Million / Low Value-High Volume	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2009	<b>Tab 24</b>	<b>Specialty Developing Recommendation:</b> ACR, AAOS, APMA, AOFAS	<b>First Identified:</b> October 2008	<b>2019 est Medicare Utilization:</b> 1,281,503	<b>2007 Work RVU:</b> 0.17 <b>2007 NF PE RVU:</b> 0.61 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 0.17			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> 0.17 <b>2020 NF PE RVU:</b> 0.79 <b>2020 Fac PE RVU:</b> NA

<b>73620</b>	<b>Radiologic examination, foot; 2 views</b>	<b>Global:</b> XXX	<b>Issue:</b> X-Ray Exam of Foot	<b>Screen:</b> Low Value-High Volume	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2011	<b>Tab 27</b>	<b>Specialty Developing Recommendation:</b> ACR, AAOS, APMA	<b>First Identified:</b> October 2010	<b>2019 est Medicare Utilization:</b> 574,129	<b>2007 Work RVU:</b> 0.16 <b>2007 NF PE RVU:</b> 0.54 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 0.16			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> 0.16 <b>2020 NF PE RVU:</b> 0.60 <b>2020 Fac PE RVU:</b> NA

# Status Report: CMS Requests and Relativity Assessment Issues

**73630 Radiologic examination, foot; complete, minimum of 3 views** **Global:** XXX **Issue:** Radiologic Examination **Screen:** Havard Valued - Utilization over 1 Million / Low Value-High Volume **Complete?** Yes

**Most Recent RUC Meeting:** October 2009 **Tab** 24 **Specialty Developing Recommendation:** ACR, AAOS, APMA, AOFAS **First Identified:** October 2008 **2019 est Medicare Utilization:** 2,820,181 **2007 Work RVU:** 0.17 **2020 Work RVU:** 0.17 **2007 NF PE RVU:** 0.6 **2020 NF PE RVU:** 0.73 **2007 Fac PE RVU** NA **2020 Fac PE RVU:**NA **RUC Recommendation:** 0.17 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

**73650 Radiologic examination; calcaneus, minimum of 2 views** **Global:** XXX **Issue:** X-Ray Heel **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

**Most Recent RUC Meeting:** January 2019 **Tab** 31 **Specialty Developing Recommendation:** AAOS, ACR, APMA, AOFAS **First Identified:** April 2016 **2019 est Medicare Utilization:** 81,836 **2007 Work RVU:** 0.16 **2020 Work RVU:** 0.16 **2007 NF PE RVU:** 0.53 **2020 NF PE RVU:** 0.61 **2007 Fac PE RVU** NA **2020 Fac PE RVU:**NA **RUC Recommendation:** 0.16 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

**73660 Radiologic examination; toe(s), minimum of 2 views** **Global:** XXX **Issue:** X-Ray Toe **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

**Most Recent RUC Meeting:** January 2019 **Tab** 32 **Specialty Developing Recommendation:** AAOS, ACR, APMA, AOFAS **First Identified:** April 2016 **2019 est Medicare Utilization:** 120,091 **2007 Work RVU:** 0.13 **2020 Work RVU:** 0.13 **2007 NF PE RVU:** 0.5 **2020 NF PE RVU:** 0.64 **2007 Fac PE RVU** NA **2020 Fac PE RVU:**NA **RUC Recommendation:** 0.13 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

**73700 Computed tomography, lower extremity; without contrast material** **Global:** XXX **Issue:** CT Lower Extremity **Screen:** CMS Fastest Growing **Complete?** Yes

**Most Recent RUC Meeting:** April 2018 **Tab** 21 **Specialty Developing Recommendation:** ACR **First Identified:** October 2008 **2019 est Medicare Utilization:** 338,278 **2007 Work RVU:** 1.09 **2020 Work RVU:** 1.00 **2007 NF PE RVU:** 5.5 **2020 NF PE RVU:** 3.30 **2007 Fac PE RVU** NA **2020 Fac PE RVU:**NA **RUC Recommendation:** 1.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

## Status Report: CMS Requests and Relativity Assessment Issues

<b>73701</b>	Computed tomography, lower extremity; with contrast material(s)	<b>Global:</b> XXX	<b>Issue:</b> CT Lower Extremity	<b>Screen:</b> High Volume Growth1 / CMS-Other - Utilization over 30,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2018	<b>Tab</b> 21 <b>Specialty Developing Recommendation:</b> ACR	<b>First Identified:</b> February 2009	<b>2019 est Medicare Utilization:</b> 47,637	<b>2007 Work RVU:</b> 1.16 <b>2007 NF PE RVU:</b> 6.6 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Maintain	<b>2020 Work RVU:</b> 1.16 <b>2020 NF PE RVU:</b> 4.23 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 1.16		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>					
<b>73702</b>	Computed tomography, lower extremity; without contrast material, followed by contrast material(s) and further sections	<b>Global:</b> XXX	<b>Issue:</b> CT Lower Extremity	<b>Screen:</b> High Volume Growth1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2018	<b>Tab</b> 21 <b>Specialty Developing Recommendation:</b> ACR	<b>First Identified:</b> February 2009	<b>2019 est Medicare Utilization:</b> 4,842	<b>2007 Work RVU:</b> 1.22 <b>2007 NF PE RVU:</b> 8.4 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Maintain	<b>2020 Work RVU:</b> 1.22 <b>2020 NF PE RVU:</b> 5.27 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 1.22		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>					
<b>73706</b>	Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	<b>Global:</b> XXX	<b>Issue:</b> CT Angiography	<b>Screen:</b> High Volume Growth1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2013	<b>Tab</b> 12 <b>Specialty Developing Recommendation:</b> ACR, SIR	<b>First Identified:</b> February 2008	<b>2019 est Medicare Utilization:</b> 16,508	<b>2007 Work RVU:</b> 1.90 <b>2007 NF PE RVU:</b> 11.61 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Remove from Screen	<b>2020 Work RVU:</b> 1.90 <b>2020 NF PE RVU:</b> 7.98 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> Survey for October 2013. Remove from screen		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

## Status Report: CMS Requests and Relativity Assessment Issues

**73718** Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s) **Global:** XXX **Issue:** MRI Lower Extremity **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** October 2016

**Tab 20 Specialty Developing Recommendation:** ACR

**First Identified:** July 2015

**2019 est Medicare Utilization:** 148,143

**2007 Work RVU:** 1.35

**2020 Work RVU:** 1.35

**2007 NF PE RVU:** 12.14

**2020 NF PE RVU:** 5.82

**2007 Fac PE RVU:** NA

**2020 Fac PE RVU:** NA

**Result:** Maintain

**RUC Recommendation:** 1.35

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**73719** Magnetic resonance (eg, proton) imaging, lower extremity other than joint; with contrast material(s) **Global:** XXX **Issue:** MRI Lower Extremity **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** October 2016

**Tab 20 Specialty Developing Recommendation:** ACR

**First Identified:** July 2015

**2019 est Medicare Utilization:** 1,344

**2007 Work RVU:** 1.62

**2020 Work RVU:** 1.62

**2007 NF PE RVU:** 14.12

**2020 NF PE RVU:** 6.85

**2007 Fac PE RVU:** NA

**2020 Fac PE RVU:** NA

**Result:** Maintain

**RUC Recommendation:** 1.62

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**73720** Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences **Global:** XXX **Issue:** MRI Lower Extremity **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** October 2016

**Tab 20 Specialty Developing Recommendation:** ACR

**First Identified:** July 2015

**2019 est Medicare Utilization:** 64,864

**2007 Work RVU:** 2.15

**2020 Work RVU:** 2.15

**2007 NF PE RVU:** 23.7

**2020 NF PE RVU:** 8.72

**2007 Fac PE RVU:** NA

**2020 Fac PE RVU:** NA

**Result:** Maintain

**RUC Recommendation:** 2.15

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**73721** Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material **Global:** XXX **Issue:** MRI of Lower Extremity Joint **Screen:** MPC List **Complete?** Yes

**Most Recent** **Tab** 20 **Specialty Developing** ACR  
**RUC Meeting:** January 2012 **Recommendation:**

**First Identified:** October 2010 **2019 est Medicare Utilization:** 670,662

**2007 Work RVU:** 1.35 **2020 Work RVU:** 1.35  
**2007 NF PE RVU:** 12.05 **2020 NF PE RVU:** 5.01  
**2007 Fac PE RVU** NA **2020 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** 1.35

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

**74000** Radiologic examination, abdomen; single anteroposterior view

**Global:** **Issue:** Abdominal X-Ray

**Screen:** Low Value-High Volume / CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent** **Tab** 08 **Specialty Developing** ACR  
**RUC Meeting:** April 2016 **Recommendation:**

**First Identified:** October 2010 **2019 est Medicare Utilization:**

**2007 Work RVU:** 0.18 **2020 Work RVU:**  
**2007 NF PE RVU:** 0.55 **2020 NF PE RVU:**  
**2007 Fac PE RVU** NA **2020 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2016  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**74010** Radiologic examination, abdomen; anteroposterior and additional oblique and cone views

**Global:** **Issue:** Abdominal X-Ray

**Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent** **Tab** 08 **Specialty Developing** ACR  
**RUC Meeting:** April 2016 **Recommendation:**

**First Identified:** July 2015 **2019 est Medicare Utilization:**

**2007 Work RVU:** 0.23 **2020 Work RVU:**  
**2007 NF PE RVU:** 0.68 **2020 NF PE RVU:**  
**2007 Fac PE RVU** NA **2020 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2016  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

## 74018 Radiologic examination, abdomen; 1 view

Global: XXX

Issue: Abdominal X-Ray

Screen: CMS High Expenditure  
Procedural Codes2

Complete? Yes

Most Recent  
RUC Meeting: April 2016

Tab 08 Specialty Developing  
Recommendation: ACR

First  
Identified: February 2016

2019 est  
Medicare  
Utilization: 2,153,087

2007 Work RVU:

2020 Work RVU: 0.18

2007 NF PE RVU:

2020 NF PE RVU: 0.62

2007 Fac PE RVU

2020 Fac PE RVU:NA

RUC Recommendation: 0.18

Referred to CPT February 2016

Referred to CPT Asst ☐ Published in CPT Asst:

Result: Decrease

## 74019 Radiologic examination, abdomen; 2 views

Global: XXX

Issue: Abdominal X-Ray

Screen: CMS High Expenditure  
Procedural Codes2

Complete? Yes

Most Recent  
RUC Meeting: April 2016

Tab 08 Specialty Developing  
Recommendation: ACR

First  
Identified: February 2016

2019 est  
Medicare  
Utilization: 429,437

2007 Work RVU:

2020 Work RVU: 0.23

2007 NF PE RVU:

2020 NF PE RVU: 0.76

2007 Fac PE RVU

2020 Fac PE RVU:NA

RUC Recommendation: 0.23

Referred to CPT February 2016

Referred to CPT Asst ☐ Published in CPT Asst:

Result: Decrease

## 74020 Radiologic examination, abdomen; complete, including decubitus and/or erect views

Global:

Issue: Abdominal X-Ray

Screen: CMS High Expenditure  
Procedural Codes2

Complete? Yes

Most Recent  
RUC Meeting: April 2016

Tab 08 Specialty Developing  
Recommendation: ACR

First  
Identified: July 2015

2019 est  
Medicare  
Utilization:

2007 Work RVU: 0.27

2020 Work RVU:

2007 NF PE RVU: 0.72

2020 NF PE RVU:

2007 Fac PE RVU NA

2020 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2016

Referred to CPT Asst ☐ Published in CPT Asst:

Result: Deleted from CPT

## 74021 Radiologic examination, abdomen; 3 or more views

Global: XXX

Issue: Abdominal X-Ray

Screen: CMS High Expenditure  
Procedural Codes2

Complete? Yes

Most Recent  
RUC Meeting: April 2016

Tab 08 Specialty Developing  
Recommendation: ACR

First  
Identified: February 2016

2019 est  
Medicare  
Utilization: 58,811

2007 Work RVU:

2020 Work RVU: 0.27

2007 NF PE RVU:

2020 NF PE RVU: 0.88

2007 Fac PE RVU

2020 Fac PE RVU:NA

RUC Recommendation: 0.27

Referred to CPT February 2016

Referred to CPT Asst ☐ Published in CPT Asst:

Result: Decrease

# Status Report: CMS Requests and Relativity Assessment Issues

<b>74022</b>	Radiologic examination, complete acute abdomen series, including 2 or more views of the abdomen (eg, supine, erect, decubitus), and a single view chest			<b>Global:</b> XXX	<b>Issue:</b> Abdominal X-Ray	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab</b> 08	<b>Specialty Developing Recommendation:</b>	ACR	<b>First Identified:</b> July 2015	<b>2019 est Medicare Utilization:</b> 283,318	<b>2007 Work RVU:</b> 0.32 <b>2007 NF PE RVU:</b> 0.85 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Maintain	<b>2020 Work RVU:</b> 0.32 <b>2020 NF PE RVU:</b> 1.02 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.32				<b>Referred to CPT</b> February 2016 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			
<hr/>							
<b>74150</b>	Computed tomography, abdomen; without contrast material			<b>Global:</b> XXX	<b>Issue:</b> CT Abdomen	<b>Screen:</b> Codes Reported Together 95% or More / CMS Request - Final Rule for 2012	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2008	<b>Tab</b> S	<b>Specialty Developing Recommendation:</b>	ACR	<b>First Identified:</b> February 2008	<b>2019 est Medicare Utilization:</b> 77,343	<b>2007 Work RVU:</b> 1.19 <b>2007 NF PE RVU:</b> 5.97 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Maintain	<b>2020 Work RVU:</b> 1.19 <b>2020 NF PE RVU:</b> 2.94 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> Review PE. 0.35				<b>Referred to CPT</b> October 2009 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			
<hr/>							
<b>74160</b>	Computed tomography, abdomen; with contrast material(s)			<b>Global:</b> XXX	<b>Issue:</b> CT Abdomen and Pelvis	<b>Screen:</b> Codes Reported Together 95% or More / MPC List / CMS Request - Final Rule for 2012 / CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 44	<b>Specialty Developing Recommendation:</b>	ACR	<b>First Identified:</b> February 2008	<b>2019 est Medicare Utilization:</b> 105,409	<b>2007 Work RVU:</b> 1.27 <b>2007 NF PE RVU:</b> 7.53 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Maintain	<b>2020 Work RVU:</b> 1.27 <b>2020 NF PE RVU:</b> 5.62 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.42				<b>Referred to CPT</b> October 2009 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			

# Status Report: CMS Requests and Relativity Assessment Issues

**74170** Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections **Global:** XXX **Issue:** CT Abdomen **Screen:** Codes Reported Together 95% or More / CMS-Other - Utilization over 500,000 / CMS Request - Final Rule for 2012 **Complete?** Yes

**Most Recent RUC Meeting:** April 2012

**Tab** 34 **Specialty Developing Recommendation:** ACR

**First Identified:** February 2008

**2019 est Medicare Utilization:** 107,476

**2007 Work RVU:** 1.40

**2020 Work RVU:** 1.40

**2007 NF PE RVU:** 9.6

**2020 NF PE RVU:** 6.35

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**NA

**Result:** Maintain

**RUC Recommendation:** 1.40

**Referred to CPT** October 2009

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

**74174** Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing

**Global:** XXX **Issue:** CT Angiography

**Screen:** Codes Reported Together 75% or More-Part1 / CMS Request - Final Rule for 2013

**Complete?** Yes

**Most Recent RUC Meeting:** October 2013

**Tab** 12 **Specialty Developing Recommendation:** ACR, SIR

**First Identified:**

**2019 est Medicare Utilization:** 294,980

**2007 Work RVU:**

**2020 Work RVU:** 2.20

**2007 NF PE RVU:**

**2020 NF PE RVU:** 9.06

**2007 Fac PE RVU**

**2020 Fac PE RVU:**NA

**Result:** Decrease

**RUC Recommendation:** 2.20

**Referred to CPT**

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

**74175** Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing

**Global:** XXX **Issue:** CT Angiography

**Screen:** CMS Fastest Growing / Codes Reported Together 75% or More-Part1 / CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013

**Complete?** Yes

**Most Recent RUC Meeting:** October 2013

**Tab** 12 **Specialty Developing Recommendation:** ACR, SIR

**First Identified:** October 2008

**2019 est Medicare Utilization:** 37,638

**2007 Work RVU:** 1.90

**2020 Work RVU:** 1.82

**2007 NF PE RVU:** 12.39

**2020 NF PE RVU:** 7.17

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**NA

**Result:** Decrease

**RUC Recommendation:** 1.82

**Referred to CPT** October 2010

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



# Status Report: CMS Requests and Relativity Assessment Issues

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**74176** Computed tomography, abdomen and pelvis; without contrast material      **Global:** XXX    **Issue:** CT Abdomen/CT Pelvis    **Screen:** CMS Fastest Growing    **Complete?** Yes

<b>Most Recent RUC Meeting:</b> February 2010	<b>Tab</b> 16 <b>Specialty Developing Recommendation:</b> ACR	<b>First Identified:</b> October 2009	<b>2019 est Medicare Utilization:</b> 2,284,436	<b>2007 Work RVU:</b>	<b>2020 Work RVU:</b> 1.74
				<b>2007 NF PE RVU:</b>	<b>2020 NF PE RVU:</b> 3.79
				<b>2007 Fac PE RVU</b>	<b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 1.74		<b>Referred to CPT</b> October 2009		<b>Result:</b> Decrease	
		<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

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**74177** Computed tomography, abdomen and pelvis; with contrast material(s)      **Global:** XXX    **Issue:** CT Abdomen and Pelvis    **Screen:** CMS Fastest Growing / CMS Request - Final Rule for 2014    **Complete?** Yes

<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 44 <b>Specialty Developing Recommendation:</b> ACR	<b>First Identified:</b> October 2009	<b>2019 est Medicare Utilization:</b> 3,361,910	<b>2007 Work RVU:</b>	<b>2020 Work RVU:</b> 1.82
				<b>2007 NF PE RVU:</b>	<b>2020 NF PE RVU:</b> 7.28
				<b>2007 Fac PE RVU</b>	<b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 1.82		<b>Referred to CPT</b> October 2009		<b>Result:</b> Decrease	
		<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

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**74178** Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions      **Global:** XXX    **Issue:** CT Abdomen/CT Pelvis    **Screen:** CMS Fastest Growing    **Complete?** Yes

<b>Most Recent RUC Meeting:</b> February 2010	<b>Tab</b> 16 <b>Specialty Developing Recommendation:</b> ACR	<b>First Identified:</b> October 2009	<b>2019 est Medicare Utilization:</b> 534,971	<b>2007 Work RVU:</b>	<b>2020 Work RVU:</b> 2.01
				<b>2007 NF PE RVU:</b>	<b>2020 NF PE RVU:</b> 8.23
				<b>2007 Fac PE RVU</b>	<b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 2.01		<b>Referred to CPT</b> October 2009		<b>Result:</b> Decrease	
		<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

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## Status Report: CMS Requests and Relativity Assessment Issues

<b>74181</b>	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)			<b>Global:</b> XXX	<b>Issue:</b> MRI of Abdomen	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes	
<b>Most Recent RUC Meeting:</b>	October 2016	<b>Tab</b> 21	<b>Specialty Developing Recommendation:</b>	ACR	<b>First Identified:</b> July 2015	<b>2019 est Medicare Utilization:</b> 117,420	<b>2007 Work RVU:</b> 1.46 <b>2007 NF PE RVU:</b> 11.71 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Maintain	<b>2020 Work RVU:</b> 1.46 <b>2020 NF PE RVU:</b> 4.79 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 1.46					<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>74182</b>	Magnetic resonance (eg, proton) imaging, abdomen; with contrast material(s)			<b>Global:</b> XXX	<b>Issue:</b> MRI of Abdomen	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes	
<b>Most Recent RUC Meeting:</b>	October 2016	<b>Tab</b> 21	<b>Specialty Developing Recommendation:</b>	ACR	<b>First Identified:</b> July 2015	<b>2019 est Medicare Utilization:</b> 4,286	<b>2007 Work RVU:</b> 1.73 <b>2007 NF PE RVU:</b> 14.63 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Maintain	<b>2020 Work RVU:</b> 1.73 <b>2020 NF PE RVU:</b> 8.06 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 1.73					<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>74183</b>	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences			<b>Global:</b> XXX	<b>Issue:</b> MRI of Abdomen	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes	
<b>Most Recent RUC Meeting:</b>	October 2016	<b>Tab</b> 21	<b>Specialty Developing Recommendation:</b>	ACR	<b>First Identified:</b> July 2015	<b>2019 est Medicare Utilization:</b> 354,840	<b>2007 Work RVU:</b> 2.26 <b>2007 NF PE RVU:</b> 23.72 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Decrease	<b>2020 Work RVU:</b> 2.20 <b>2020 NF PE RVU:</b> 8.70 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 2.20					<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

## Status Report: CMS Requests and Relativity Assessment Issues

**74210** Radiologic examination, pharynx and/or cervical esophagus, including scout neck radiograph(s) and delayed image(s), when performed, contrast (eg, barium) study **Global:** XXX **Issue:** X-Ray Exam – Upper GI **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

**Most Recent RUC Meeting:** January 2019

**Tab 12 Specialty Developing Recommendation:** ACR

**First Identified:** October 2016

**2019 est Medicare Utilization:** 1,577

**2007 Work RVU:** 0.36  
**2007 NF PE RVU:** 1.4  
**2007 Fac PE RVU** NA  
**Result:** Maintain

**2020 Work RVU:** 0.59  
**2020 NF PE RVU:** 2.03  
**2020 Fac PE RVU:** NA

**RUC Recommendation:** 0.59

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

**74220** Radiologic examination, esophagus, including scout chest radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study **Global:** XXX **Issue:** X-Ray Exam – Upper GI **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

**Most Recent RUC Meeting:** January 2019

**Tab 12 Specialty Developing Recommendation:** ACR

**First Identified:** April 2016

**2019 est Medicare Utilization:** 196,573

**2007 Work RVU:** 0.46  
**2007 NF PE RVU:** 1.48  
**2007 Fac PE RVU** NA  
**Result:** Decrease

**2020 Work RVU:** 0.60  
**2020 NF PE RVU:** 2.07  
**2020 Fac PE RVU:** NA

**RUC Recommendation:** 0.60

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

**74221** Radiologic examination, esophagus, including scout chest radiograph(s) and delayed image(s), when performed; double-contrast (eg, high-density barium and effervescent agent) study **Global:** XXX **Issue:** X-Ray Exam – Upper GI **Screen:** CMS-Other - Utilization over 30,000-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** January 2019

**Tab 12 Specialty Developing Recommendation:**

**First Identified:** October 2018

**2019 est Medicare Utilization:**

**2007 Work RVU:**  
**2007 NF PE RVU:**  
**2007 Fac PE RVU**  
**Result:** Increase

**2020 Work RVU:** 0.70  
**2020 NF PE RVU:** 2.32  
**2020 Fac PE RVU:** NA

**RUC Recommendation:** 0.70

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

## Status Report: CMS Requests and Relativity Assessment Issues

**74230** Radiologic examination, swallowing function, with cineradiography/videoradiography, including scout neck radiograph(s) and delayed image(s), when performed, contrast (eg, barium) study **Global:** XXX **Issue:** X-Ray Esophagus **Screen:** CMS-Other - Utilization over 250,000 / CMS-Other - Utilization over 100,000 **Complete?** Yes

**Most Recent RUC Meeting:** April 2017

**Tab 25 Specialty Developing Recommendation:** ACR

**First Identified:** April 2013

**2019 est Medicare Utilization:** 370,056

**2007 Work RVU:** 0.53

**2020 Work RVU:** 0.53

**2007 NF PE RVU:** 1.57

**2020 NF PE RVU:** 3.08

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:** NA

**Result:** Maintain

**RUC Recommendation:** 0.53

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**74240** Radiologic examination, upper gastrointestinal tract, including scout abdominal radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study

**Global:** XXX

**Issue:** X-Ray Exam – Upper GI

**Screen:** CMS-Other - Utilization over 30,000

**Complete?** Yes

**Most Recent RUC Meeting:** January 2019

**Tab 12 Specialty Developing Recommendation:** ACR

**First Identified:** October 2017

**2019 est Medicare Utilization:** 53,309

**2007 Work RVU:** 0.69

**2020 Work RVU:** 0.80

**2007 NF PE RVU:** 1.8

**2020 NF PE RVU:** 2.53

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:** NA

**Result:** Increase

**RUC Recommendation:** 0.80

**Referred to CPT** May 2018

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**74241** Radiologic examination, gastrointestinal tract, upper; with or without delayed images, with KUB

**Global:**

**Issue:** X-Ray Exam – Upper GI

**Screen:** CMS-Other - Utilization over 30,000

**Complete?** Yes

**Most Recent RUC Meeting:** January 2019

**Tab 12 Specialty Developing Recommendation:** ACR

**First Identified:** October 2017

**2019 est Medicare Utilization:** 25,415

**2007 Work RVU:** 0.69

**2020 Work RVU:**

**2007 NF PE RVU:** 1.89

**2020 NF PE RVU:**

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** May 2018

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

<b>74245</b>	<b>Radiologic examination, gastrointestinal tract, upper; with small intestine, includes multiple serial images</b>	<b>Global:</b>	<b>Issue:</b> X-Ray Exam – Upper GI	<b>Screen:</b> CMS-Other - Utilization over 30,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2019	<b>Tab 12</b>	<b>Specialty Developing Recommendation:</b> ACR	<b>First Identified:</b> October 2017	<b>2019 est Medicare Utilization:</b> 12,946	<b>2007 Work RVU:</b> 0.91 <b>2007 NF PE RVU:</b> 2.94 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Deleted from CPT
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> May 2018 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>
<b>74246</b>	<b>Radiologic examination, upper gastrointestinal tract, including scout abdominal radiograph(s) and delayed image(s), when performed; double-contrast (eg, high-density barium and effervescent agent) study, including glucagon, when administered</b>	<b>Global:</b> XXX	<b>Issue:</b> X-Ray Exam – Upper GI	<b>Screen:</b> CMS-Other - Utilization over 30,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2019	<b>Tab 12</b>	<b>Specialty Developing Recommendation:</b> ACR	<b>First Identified:</b> October 2017	<b>2019 est Medicare Utilization:</b> 34,438	<b>2007 Work RVU:</b> 0.69 <b>2007 NF PE RVU:</b> 2.06 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Increase
<b>RUC Recommendation:</b> 0.90			<b>Referred to CPT</b> May 2018 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> 0.90 <b>2020 NF PE RVU:</b> 2.94 <b>2020 Fac PE RVU:</b> NA
<b>74247</b>	<b>Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with or without delayed images, with KUB</b>	<b>Global:</b>	<b>Issue:</b> X-Ray Exam – Upper GI	<b>Screen:</b> Harvard Valued - Utilization over 30,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2019	<b>Tab 12</b>	<b>Specialty Developing Recommendation:</b> ACR	<b>First Identified:</b> April 2011	<b>2019 est Medicare Utilization:</b> 21,591	<b>2007 Work RVU:</b> 0.69 <b>2007 NF PE RVU:</b> 2.18 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Deleted from CPT
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> May 2018 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>

# Status Report: CMS Requests and Relativity Assessment Issues

<b>74248</b>	<b>Radiologic small intestine follow-through study, including multiple serial images (List separately in addition to code for primary procedure for upper GI radiologic examination)</b>	<b>Global:</b> ZZZ	<b>Issue:</b> X-Ray Exam – Upper GI	<b>Screen:</b> CMS-Other - Utilization over 30,000-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2019	<b>Tab</b> 12 <b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> October 2018	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Increase	<b>2020 Work RVU:</b> 0.70 <b>2020 NF PE RVU:</b> 1.59 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.70		<b>Referred to CPT</b> February 2019-EC <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>74249</b>	<b>Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with small intestine follow-through</b>	<b>Global:</b>	<b>Issue:</b> X-Ray Exam – Upper GI	<b>Screen:</b> CMS-Other - Utilization over 30,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2019	<b>Tab</b> 12 <b>Specialty Developing Recommendation:</b> ACR	<b>First Identified:</b> October 2017	<b>2019 est Medicare Utilization:</b> 13,972	<b>2007 Work RVU:</b> 0.91 <b>2007 NF PE RVU:</b> 3.17 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Deleted from CPT	<b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> May 2018 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>74250</b>	<b>Radiologic examination, small intestine, including multiple serial images and scout abdominal radiograph(s), when performed; single-contrast (eg, barium) study</b>	<b>Global:</b> XXX	<b>Issue:</b> Lower Gastrointestinal Tract Imaging	<b>Screen:</b> CMS-Other - Utilization over 30,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2018	<b>Tab</b> 11 <b>Specialty Developing Recommendation:</b> ACR	<b>First Identified:</b> October 2017	<b>2019 est Medicare Utilization:</b> 52,021	<b>2007 Work RVU:</b> 0.47 <b>2007 NF PE RVU:</b> 1.68 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Increase	<b>2020 Work RVU:</b> 0.81 <b>2020 NF PE RVU:</b> 2.54 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.81		<b>Referred to CPT</b> May 2018 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

## Status Report: CMS Requests and Relativity Assessment Issues

<b>74251</b>	<b>Radiologic examination, small intestine, including multiple serial images and scout abdominal radiograph(s), when performed; double-contrast (eg, high-density barium and air via enteroclysis tube) study, including glucagon, when administered</b>	<b>Global:</b> XXX	<b>Issue:</b> Lower Gastrointestinal Tract Imaging	<b>Screen:</b> CMS-Other - Utilization over 30,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2018	<b>Tab 11</b> <b>Specialty Developing Recommendation:</b> ACR	<b>First Identified:</b> October 2017	<b>2019 est Medicare Utilization:</b> 206	<b>2007 Work RVU:</b> 0.69 <b>2007 NF PE RVU:</b> 3.52 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Increase	<b>2020 Work RVU:</b> 1.17 <b>2020 NF PE RVU:</b> 10.07 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 1.17		<b>Referred to CPT</b> May 2018 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>74260</b>	<b>Duodenography, hypotonic</b>	<b>Global:</b>	<b>Issue:</b> X-Ray Exam – Small Intestine/Colon	<b>Screen:</b> CMS-Other - Utilization over 30,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2018	<b>Tab 11</b> <b>Specialty Developing Recommendation:</b> ACR	<b>First Identified:</b> October 2017	<b>2019 est Medicare Utilization:</b> 24	<b>2007 Work RVU:</b> 0.50 <b>2007 NF PE RVU:</b> 3.21 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Deleted from CPT	<b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> May 2018 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>74270</b>	<b>Radiologic examination, colon, including scout abdominal radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study</b>	<b>Global:</b> XXX	<b>Issue:</b> Lower Gastrointestinal Tract Imaging	<b>Screen:</b> CMS-Other - Utilization over 30,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2018	<b>Tab 11</b> <b>Specialty Developing Recommendation:</b> ACR	<b>First Identified:</b> October 2017	<b>2019 est Medicare Utilization:</b> 28,934	<b>2007 Work RVU:</b> 0.69 <b>2007 NF PE RVU:</b> 2.29 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Increase	<b>2020 Work RVU:</b> 1.04 <b>2020 NF PE RVU:</b> 3.24 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 1.04		<b>Referred to CPT</b> May 2018 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

## Status Report: CMS Requests and Relativity Assessment Issues

**74280** Radiologic examination, colon, including scout abdominal radiograph(s) and delayed image(s), when performed; double-contrast (eg, high density barium and air) study, including glucagon, when administered **Global:** XXX **Issue:** Lower Gastrointestinal Tract Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** October 2018

**Tab 11** **Specialty Developing Recommendation:** ACR

**First Identified:** April 2011

**2019 est Medicare Utilization:** 8,205

**2007 Work RVU:** 0.99

**2020 Work RVU:** 1.26

**2007 NF PE RVU:** 3.07

**2020 NF PE RVU:** 4.91

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:** NA

**Result:** Increase

**RUC Recommendation:** 1.26

**Referred to CPT** May 2018

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

**74300** Cholangiography and/or pancreatography; intraoperative, radiological supervision and interpretation **Global:** XXX **Issue:** X-Rays at Surgery Add-On **Screen:** CMS-Other - Utilization over 30,000-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** April 2019

**Tab 16** **Specialty Developing Recommendation:** ACR, SAGES

**First Identified:** October 2018

**2019 est Medicare Utilization:** 29,648

**2007 Work RVU:** 0.00

**2020 Work RVU:** 0.00

**2007 NF PE RVU:** 0

**2020 NF PE RVU:** 0.00

**2007 Fac PE RVU** 0

**2020 Fac PE RVU:** NA

**Result:** Decrease

**RUC Recommendation:** 0.32

**Referred to CPT**

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

**74301** Cholangiography and/or pancreatography; additional set intraoperative, radiological supervision and interpretation (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** X-Rays at Surgery Add-On **Screen:** CMS-Other - Utilization over 30,000-Part2 **Complete?** No

**Most Recent RUC Meeting:** January 2019

**Tab 37** **Specialty Developing Recommendation:** ACR, ACS, SAGES, SIR

**First Identified:** October 2018

**2019 est Medicare Utilization:** 63

**2007 Work RVU:** 0.00

**2020 Work RVU:** 0.00

**2007 NF PE RVU:** 0

**2020 NF PE RVU:** 0.00

**2007 Fac PE RVU** 0

**2020 Fac PE RVU:** NA

**Result:**

**RUC Recommendation:** 0.21

**Referred to CPT**

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



## Status Report: CMS Requests and Relativity Assessment Issues

**74305 Deleted from CPT**

**Global:**

**Issue:** Percutaneous Biliary Procedures Bundling

**Screen:** Codes Reported Together 75% or More-Part2

**Complete?** Yes

**Most Recent RUC Meeting:** October 2015

**Tab** 06

**Specialty Developing Recommendation:** ACR, SIR

**First Identified:** October 2012

**2019 est Medicare Utilization:**

**2007 Work RVU:** 0.00

**2020 Work RVU:**

**2007 NF PE RVU:** NA

**2020 NF PE RVU:**

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2015

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

**74320 Cholangiography, percutaneous, transhepatic, radiological supervision and interpretation**

**Global:**

**Issue:** Percutaneous Biliary Procedures Bundling

**Screen:** Codes Reported Together 75% or More-Part2

**Complete?** Yes

**Most Recent RUC Meeting:** October 2015

**Tab** 06

**Specialty Developing Recommendation:** ACR, SIR

**First Identified:** October 2012

**2019 est Medicare Utilization:**

**2007 Work RVU:** 0.54

**2020 Work RVU:**

**2007 NF PE RVU:** 3

**2020 NF PE RVU:**

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2015

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

**74327 Postoperative biliary duct calculus removal, percutaneous via T-tube tract, basket, or snare (eg, Burhenne technique), radiological supervision and interpretation**

**Global:**

**Issue:** Percutaneous Biliary Procedures Bundling

**Screen:** Codes Reported Together 75% or More-Part2

**Complete?** Yes

**Most Recent RUC Meeting:** October 2015

**Tab** 06

**Specialty Developing Recommendation:** ACR, SIR

**First Identified:** February 2015

**2019 est Medicare Utilization:**

**2007 Work RVU:** 0.70

**2020 Work RVU:**

**2007 NF PE RVU:** 2.19

**2020 NF PE RVU:**

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2015

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

# Status Report: CMS Requests and Relativity Assessment Issues

**74328** Endoscopic catheterization of the biliary ductal system, radiological supervision and interpretation **Global:** XXX **Issue:** X-Rays at Surgery Add-On **Screen:** CMS-Other - Utilization over 30,000-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** April 2019 **Tab** 16 **Specialty Developing Recommendation:** ACR, SAGES **First Identified:** October 2018 **2019 est Medicare Utilization:** 64,506 **2007 Work RVU:** 0.00 **2020 Work RVU:** 0.00 **2007 NF PE RVU:** NA **2020 NF PE RVU:** 0.00 **2007 Fac PE RVU:** NA **2020 Fac PE RVU:** NA **Result:** Decrease

**RUC Recommendation:** 0.47

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

**74329** Endoscopic catheterization of the pancreatic ductal system, radiological supervision and interpretation **Global:** XXX **Issue:** X-Rays at Surgery Add-On **Screen:** CMS-Other - Utilization over 30,000-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** April 2019 **Tab** 16 **Specialty Developing Recommendation:** ACR, SAGES **First Identified:** October 2018 **2019 est Medicare Utilization:** 2,990 **2007 Work RVU:** 0.00 **2020 Work RVU:** 0.00 **2007 NF PE RVU:** 0 **2020 NF PE RVU:** 0.00 **2007 Fac PE RVU:** 0 **2020 Fac PE RVU:** NA **Result:** Decrease

**RUC Recommendation:** 0.50

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

**74330** Combined endoscopic catheterization of the biliary and pancreatic ductal systems, radiological supervision and interpretation **Global:** XXX **Issue:** X-Rays at Surgery Add-On **Screen:** CMS-Other - Utilization over 30,000-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** April 2019 **Tab** 16 **Specialty Developing Recommendation:** ACR, SAGES **First Identified:** October 2018 **2019 est Medicare Utilization:** 13,859 **2007 Work RVU:** 0.00 **2020 Work RVU:** 0.00 **2007 NF PE RVU:** NA **2020 NF PE RVU:** 0.00 **2007 Fac PE RVU:** NA **2020 Fac PE RVU:** NA **Result:** Decrease

**RUC Recommendation:** 0.70

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

**74400** Urography (pyelography), intravenous, with or without KUB, with or without tomography **Global:** XXX **Issue:** Contrast X-Ray Exams **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** September 2011 **Tab** 31 **Specialty Developing Recommendation:** ACR **First Identified:** April 2011 **2019 est Medicare Utilization:** 5,180 **2007 Work RVU:** 0.49 **2020 Work RVU:** 0.49 **2007 NF PE RVU:** 2 **2020 NF PE RVU:** 3.08 **2007 Fac PE RVU:** NA **2020 Fac PE RVU:** NA **Result:** Maintain

**RUC Recommendation:** 0.49

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

# Status Report: CMS Requests and Relativity Assessment Issues

**74420** Urography, retrograde, with or without KUB **Global:** XXX **Issue:** X-Ray Urinary Tract **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

**Most Recent RUC Meeting:** April 2017 **Tab** 26 **Specialty Developing Recommendation:** ACR, AUA **First Identified:** April 2016 **2019 est Medicare Utilization:** 166,220 **2007 Work RVU:** 0.00 **2020 Work RVU:** 0.52 **2007 NF PE RVU:** NA **2020 NF PE RVU:** 1.53 **2007 Fac PE RVU:** NA **2020 Fac PE RVU:** NA **Result:** Increase

**RUC Recommendation:** 0.52 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**74425** Urography, antegrade (pyelostogram, nephrostogram, loopogram), radiological supervision and interpretation **Global:** XXX **Issue:** Urography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** October 2018 **Tab** 18 **Specialty Developing Recommendation:** ACR, AUA, SIR **First Identified:** October 2012 **2019 est Medicare Utilization:** 3,703 **2007 Work RVU:** 0.00 **2020 Work RVU:** 0.51 **2007 NF PE RVU:** NA **2020 NF PE RVU:** 3.12 **2007 Fac PE RVU:** NA **2020 Fac PE RVU:** NA **Result:** Increase

**RUC Recommendation:** 0.51, editorially revised **Referred to CPT** September 2019 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**74475** Introduction of intracatheter or catheter into renal pelvis for drainage and/or injection, percutaneous, radiological supervision and interpretation **Global:** **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** January 2015 **Tab** 09 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2019 est Medicare Utilization:** **2007 Work RVU:** 0.54 **2020 Work RVU:** **2007 NF PE RVU:** 3.69 **2020 NF PE RVU:** **2007 Fac PE RVU:** NA **2020 Fac PE RVU:** **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** October 2014 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

<b>74480</b>	Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection, percutaneous, radiological supervision and interpretation	<b>Global:</b>	<b>Issue:</b> Genitourinary Catheter Procedures	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2015	<b>Tab</b> 09 <b>Specialty Developing Recommendation:</b> ACR, SIR	<b>First Identified:</b> October 2012	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> 0.54 <b>2007 NF PE RVU:</b> 3.69 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Deleted from CPT	<b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> October 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>74485</b>	Dilation of ureter(s) or urethra, radiological supervision and interpretation	<b>Global:</b> XXX	<b>Issue:</b> Dilation of Urinary Tract	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2018	<b>Tab</b> 12 <b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> September 2017	<b>2019 est Medicare Utilization:</b> 1,628	<b>2007 Work RVU:</b> 0.54 <b>2007 NF PE RVU:</b> 3.03 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Increase	<b>2020 Work RVU:</b> 0.83 <b>2020 NF PE RVU:</b> 2.32 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.83		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>75574</b>	Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	<b>Global:</b> XXX	<b>Issue:</b> CT Angiography	<b>Screen:</b> CMS Request - Final Rule for 2013	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2013	<b>Tab</b> 12 <b>Specialty Developing Recommendation:</b> ACR, SIR, ACC	<b>First Identified:</b> May 2013	<b>2019 est Medicare Utilization:</b> 86,531	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Remove from Screen	<b>2020 Work RVU:</b> 2.40 <b>2020 NF PE RVU:</b> 7.61 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> Survey with all CTA codes for October 2013.		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

# Status Report: CMS Requests and Relativity Assessment Issues

**75625** Aortography, abdominal, by serialography, radiological supervision and interpretation **Global:** XXX **Issue:** Abdominal Aortography **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** October 2018

**Tab 19** **Specialty Developing** ACC, SCAI,  
**Recommendation:** SIR, SVS

**First**  
**Identified:** October 2017

**2019 est**  
**Medicare**  
**Utilization:** 96,916

**2007 Work RVU:** 1.14

**2020 Work RVU:** 1.44

**2007 NF PE RVU:** 10.55

**2020 NF PE RVU:** 2.29

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**NA

**Result:** Increase

**RUC Recommendation:** 1.75

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**75630** Aortography, abdominal plus bilateral iliofemoral lower extremity, catheter, by serialography, radiological supervision and interpretation **Global:** XXX **Issue:** Abdominal Aortography **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** October 2018

**Tab 19** **Specialty Developing** ACC, SCAI,  
**Recommendation:** SIR, SVS

**First**  
**Identified:** October 2017

**2019 est**  
**Medicare**  
**Utilization:** 27,465

**2007 Work RVU:** 1.79

**2020 Work RVU:** 2.00

**2007 NF PE RVU:** 11.24

**2020 NF PE RVU:** 2.61

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**NA

**Result:** Increase

**RUC Recommendation:** 2.00

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**75635** Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing **Global:** XXX **Issue:** CT Angiography of Abdominal Arteries **Screen:** High Volume Growth1 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2016

**Tab 34** **Specialty Developing** ACR  
**Recommendation:**

**First**  
**Identified:** February 2008

**2019 est**  
**Medicare**  
**Utilization:** 114,472

**2007 Work RVU:** 2.40

**2020 Work RVU:** 2.40

**2007 NF PE RVU:** 15.56

**2020 NF PE RVU:** 9.95

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**NA

**Result:** Maintain

**RUC Recommendation:** 2.40

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**75650** Angiography, carotid, cervical, bilateral, radiological supervision and interpretation **Global:** **Issue:** Carotid Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2010

**Tab** 45

**Specialty Developing Recommendation:**

ACC, ACR, ASNR, AUR, SIR, SVS

**First Identified:** February 2010

**2019 est Medicare Utilization:**

**2007 Work RVU:** 1.49

**2020 Work RVU:**

**2007 NF PE RVU:** 10.66

**2020 NF PE RVU:**

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2012

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

**75671** Angiography, carotid, cerebral, bilateral, radiological supervision and interpretation

**Global:**

**Issue:** Carotid Angiography

**Screen:** Codes Reported Together 75% or More-Part1

**Complete?** Yes

**Most Recent RUC Meeting:** April 2010

**Tab** 45

**Specialty Developing Recommendation:**

AANS/CNS, ACC, ACR, ASNR, AUR, SIR, SVS

**First Identified:** February 2010

**2019 est Medicare Utilization:**

**2007 Work RVU:** 1.66

**2020 Work RVU:**

**2007 NF PE RVU:** 11.08

**2020 NF PE RVU:**

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2012

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

**75680** Angiography, carotid, cervical, bilateral, radiological supervision and interpretation

**Global:**

**Issue:** Carotid Angiography

**Screen:** Codes Reported Together 75% or More-Part1

**Complete?** Yes

**Most Recent RUC Meeting:** April 2010

**Tab** 45

**Specialty Developing Recommendation:**

AANS/CNS, ACC, ACR, ASNR, AUR, SIR, SVS

**First Identified:** February 2010

**2019 est Medicare Utilization:**

**2007 Work RVU:** 1.66

**2020 Work RVU:**

**2007 NF PE RVU:** 10.96

**2020 NF PE RVU:**

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2012

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

## Status Report: CMS Requests and Relativity Assessment Issues

**75710** Angiography, extremity, unilateral, radiological supervision and interpretation **Global:** XXX **Issue:** Angiography of Extremities **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

**Most Recent RUC Meeting:** October 2016 **Tab** 22 **Specialty Developing Recommendation:** ACR, ACC, RPA, SCAI, SIR, SVS **First Identified:** July 2015 **2019 est Medicare Utilization:** 157,614 **2007 Work RVU:** 1.14 **2020 Work RVU:** 1.75 **2007 NF PE RVU:** 10.72 **2020 NF PE RVU:** 2.65 **2007 Fac PE RVU:** NA **2020 Fac PE RVU:** NA

**RUC Recommendation:** 1.75 and review utilization in October 2020

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

**Result:** Increase

**75716** Angiography, extremity, bilateral, radiological supervision and interpretation **Global:** XXX **Issue:** Angiography of Extremities **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** October 2016 **Tab** 22 **Specialty Developing Recommendation:** ACR, ACC, RPA, SCAI, SIR, SVS **First Identified:** July 2015 **2019 est Medicare Utilization:** 74,926 **2007 Work RVU:** 1.31 **2020 Work RVU:** 1.97 **2007 NF PE RVU:** 10.96 **2020 NF PE RVU:** 2.76 **2007 Fac PE RVU:** NA **2020 Fac PE RVU:** NA

**RUC Recommendation:** 1.97

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

**Result:** Increase

**75722** Angiography, renal, unilateral, selective (including flush aortogram), radiological supervision and interpretation **Global:** **Issue:** Renal Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACC, ACR, ASNR, AUR, SIR, SVS **First Identified:** February 2010 **2019 est Medicare Utilization:** **2007 Work RVU:** 1.14 **2020 Work RVU:** **2007 NF PE RVU:** 10.7 **2020 NF PE RVU:** **2007 Fac PE RVU:** NA **2020 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2011  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

# Status Report: CMS Requests and Relativity Assessment Issues

**75724** Angiography, renal, bilateral, selective (including flush aortogram), radiological supervision and interpretation **Global:** **Issue:** Renal Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACC, ACR, ASNR, AUR, SIR, SVS **First Identified:** February 2010 **2019 est Medicare Utilization:** **2007 Work RVU:** 1.49 **2020 Work RVU:** **2007 NF PE RVU:** 11.15 **2020 NF PE RVU:** **2007 Fac PE RVU:** NA **2020 Fac PE RVU:** **RUC Recommendation:** Deleted from CPT **Referred to CPT** February 2011 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

**75726** Angiography, visceral, selective or supraselective (with or without flush aortogram), radiological supervision and interpretation **Global:** XXX **Issue:** Angiography **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** October 2018 **Tab** 20 **Specialty Developing Recommendation:** SCAI, SIR, SVS **First Identified:** October 2017 **2019 est Medicare Utilization:** 41,396 **2007 Work RVU:** 1.14 **2020 Work RVU:** 2.05 **2007 NF PE RVU:** 10.61 **2020 NF PE RVU:** 3.02 **2007 Fac PE RVU:** NA **2020 Fac PE RVU:** NA **RUC Recommendation:** 2.05 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

**75774** Angiography, selective, each additional vessel studied after basic examination, radiological supervision and interpretation (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Angiography **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** October 2018 **Tab** 20 **Specialty Developing Recommendation:** SCAI, SIR, SVS **First Identified:** October 2017 **2019 est Medicare Utilization:** 77,363 **2007 Work RVU:** 0.36 **2020 Work RVU:** 1.01 **2007 NF PE RVU:** 10.15 **2020 NF PE RVU:** 1.93 **2007 Fac PE RVU:** 10.15 **2020 Fac PE RVU:** NA **RUC Recommendation:** 1.01 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase



# Status Report: CMS Requests and Relativity Assessment Issues

**75790 Deleted from CPT**

**Global:**

**Issue:** Arteriovenous Shunt Imaging

**Screen:** Codes Reported Together 95% or More

**Complete?** Yes

**Most Recent RUC Meeting:** April 2009

**Tab** 9

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

**First Identified:** February 2008

**2019 est Medicare Utilization:**

**2007 Work RVU:** 1.84

**2020 Work RVU:**

**2007 NF PE RVU:** 2.2

**2020 NF PE RVU:**

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2009

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

**75791 Angiography, arteriovenous shunt (eg, dialysis patient fistula/graft), complete evaluation of dialysis access, including fluoroscopy, image documentation and report (includes injections of contrast and all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava), radiological supervision and interpretation**

**Global:**

**Issue:** Dialysis Circuit -1

**Screen:** Codes Reported Together 95% or More

**Complete?** Yes

**Most Recent RUC Meeting:** January 2016

**Tab** 14

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

**First Identified:**

**2019 est Medicare Utilization:**

**2007 Work RVU:**

**2020 Work RVU:**

**2007 NF PE RVU:**

**2020 NF PE RVU:**

**2007 Fac PE RVU**

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2015

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

**75820 Venography, extremity, unilateral, radiological supervision and interpretation**

**Global:** XXX

**Issue:** Venography

**Screen:** CMS-Other - Utilization over 20,000

**Complete?** Yes

**Most Recent RUC Meeting:** January 2020

**Tab** 29

**Specialty Developing Recommendation:**

**First Identified:** January 2019

**2019 est Medicare Utilization:** 23,689

**2007 Work RVU:** 0.70

**2020 Work RVU:** 0.70

**2007 NF PE RVU:** 1.62

**2020 NF PE RVU:** 2.27

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:** NA

**Result:** Increase

**RUC Recommendation:** 1.05

**Referred to CPT**

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

## Status Report: CMS Requests and Relativity Assessment Issues

<b>75822</b> Venography, extremity, bilateral, radiological supervision and interpretation				<b>Global:</b> XXX	<b>Issue:</b> Venography	<b>Screen:</b> CMS-Other - Utilization over 20,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2020	<b>Tab</b> 29	<b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> October 2019	<b>2019 est Medicare Utilization:</b> 10,692	<b>2007 Work RVU:</b> 1.06	<b>2020 Work RVU:</b> 1.06	
					<b>2007 NF PE RVU:</b> 2.12	<b>2020 NF PE RVU:</b> 2.40	
					<b>2007 Fac PE RVU</b> NA	<b>2020 Fac PE RVU:</b> NA	
<b>RUC Recommendation:</b> 1.48			<b>Referred to CPT</b>		<b>Result:</b> Increase		
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>			
<b>75885</b> Percutaneous transhepatic portography with hemodynamic evaluation, radiological supervision and interpretation				<b>Global:</b> XXX	<b>Issue:</b> Interventional Radiology Procedures	<b>Screen:</b> CMS Request - Practice Expense Review	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2009	<b>Tab</b> 21	<b>Specialty Developing Recommendation:</b> ACR, SIR	<b>First Identified:</b> NA	<b>2019 est Medicare Utilization:</b> 348	<b>2007 Work RVU:</b> 1.44	<b>2020 Work RVU:</b> 1.44	
					<b>2007 NF PE RVU:</b> 10.54	<b>2020 NF PE RVU:</b> 2.67	
					<b>2007 Fac PE RVU</b> NA	<b>2020 Fac PE RVU:</b> NA	
<b>RUC Recommendation:</b> New PE inputs			<b>Referred to CPT</b>		<b>Result:</b> PE Only		
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>			
<b>75887</b> Percutaneous transhepatic portography without hemodynamic evaluation, radiological supervision and interpretation				<b>Global:</b> XXX	<b>Issue:</b> Interventional Radiology Procedures	<b>Screen:</b> CMS Request - Practice Expense Review	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2009	<b>Tab</b> 21	<b>Specialty Developing Recommendation:</b> ACR, SIR	<b>First Identified:</b> NA	<b>2019 est Medicare Utilization:</b> 525	<b>2007 Work RVU:</b> 1.44	<b>2020 Work RVU:</b> 1.44	
					<b>2007 NF PE RVU:</b> 10.6	<b>2020 NF PE RVU:</b> 2.70	
					<b>2007 Fac PE RVU</b> NA	<b>2020 Fac PE RVU:</b> NA	
<b>RUC Recommendation:</b> New PE inputs			<b>Referred to CPT</b>		<b>Result:</b> PE Only		
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>			

# Status Report: CMS Requests and Relativity Assessment Issues

75894	Transcatheter therapy, embolization, any method, radiological supervision and interpretation			Global: XXX	Issue: Transcatheter Procedures	Screen: Codes Reported Together 75% or More-Part1	Complete? No
Most Recent RUC Meeting:	January 2019	Tab 37	Specialty Developing Recommendation:	ACC, ACR, SIR, SVS	First Identified: February 2010	2019 est Medicare Utilization: 9,539	2007 Work RVU: 0.00 2007 NF PE RVU: NA 2007 Fac PE RVU: NA 2020 Work RVU: 0.00 2020 NF PE RVU: 0.00 2020 Fac PE RVU: NA
RUC Recommendation: Review action plan					Referred to CPT RAW will assess Oct 2018	Result:	
					Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	
75896	Transcatheter therapy, infusion, other than for thrombolysis, radiological supervision and interpretation			Global:	Issue: Intracranial Endovascular Intervention	Screen: Codes Reported Together 75% or More-Part1	Complete? Yes
Most Recent RUC Meeting:	April 2015	Tab 09	Specialty Developing Recommendation:	AANS/CNS, ACR, ASNR, SCAI, SIR	First Identified: February 2010	2019 est Medicare Utilization:	2007 Work RVU: 0.00 2007 NF PE RVU: NA 2007 Fac PE RVU: NA 2020 Work RVU: 2020 NF PE RVU: 2020 Fac PE RVU:
RUC Recommendation: Deleted from CPT					Referred to CPT February 2015	February May 2015	Result: Deleted from CPT
					Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	
75898	Angiography through existing catheter for follow-up study for transcatheter therapy, embolization or infusion, other than for thrombolysis			Global: XXX	Issue: Intracranial Endovascular Intervention	Screen: Codes Reported Together 75% or More-Part1	Complete? Yes
Most Recent RUC Meeting:	January 2019	Tab 37	Specialty Developing Recommendation:	AANS/CNS, ACR, ASNR, SCAI, SIR	First Identified: February 2010	2019 est Medicare Utilization: 11,637	2007 Work RVU: 0.00 2007 NF PE RVU: NA 2007 Fac PE RVU: NA 2020 Work RVU: 0.00 2020 NF PE RVU: 0.00 2020 Fac PE RVU: NA
RUC Recommendation: Refer to CPT Assistant					Referred to CPT February 2015	February	Result: Contractor Price
					Referred to CPT Asst <input checked="" type="checkbox"/>	Published in CPT Asst: September 2019	

## Status Report: CMS Requests and Relativity Assessment Issues

<b>75940</b>	<b>Percutaneous placement of IVC filter, radiological supervision and interpretation</b>	<b>Global:</b>	<b>Issue:</b> Major Vein Revision	<b>Screen:</b> Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2010	<b>Tab</b> 45	<b>Specialty Developing Recommendation:</b> ACR, SIR, SVS	<b>First Identified:</b> February 2010	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Deleted from CPT
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> February 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>
<b>75945</b>	<b>Intravascular ultrasound (non-coronary vessel), radiological supervision and interpretation; initial vessel</b>	<b>Global:</b>	<b>Issue:</b> Intravascular Ultrasound	<b>Screen:</b> Final Rule for 2015	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2015	<b>Tab</b> 07	<b>Specialty Developing Recommendation:</b> ACC,SCAI, SIR, SVS	<b>First Identified:</b> July 2014	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Deleted from CPT
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> October 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>
<b>75946</b>	<b>Intravascular ultrasound (non-coronary vessel), radiological supervision and interpretation; each additional non-coronary vessel (List separately in addition to code for primary procedure)</b>	<b>Global:</b>	<b>Issue:</b> Intravascular Ultrasound	<b>Screen:</b> Final Rule for 2015	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2015	<b>Tab</b> 07	<b>Specialty Developing Recommendation:</b> ACC,SCAI, SIR, SVS	<b>First Identified:</b> July 2014	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> 0 <b>2007 Fac PE RVU:</b> 0 <b>Result:</b> Deleted from CPT
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> October 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>

## Status Report: CMS Requests and Relativity Assessment Issues

**75952** Endovascular repair of infrarenal abdominal aortic aneurysm or dissection, radiological supervision and interpretation

**Global:**

**Issue:** Endovascular Repair Procedures (EVAR)

**Screen:** Codes Reported Together 75%or More-Part3

**Complete?** Yes

**Most Recent RUC Meeting:** January 2017

**Tab** 10

**Specialty Developing Recommendation:** SVS, SIR, STS, AATS

**First Identified:** October 2015

**2019 est Medicare Utilization:**

**2007 Work RVU:** 0.00

**2020 Work RVU:**

**2007 NF PE RVU:** 0

**2020 NF PE RVU:**

**2007 Fac PE RVU** 0

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**75953** Placement of proximal or distal extension prosthesis for endovascular repair of infrarenal aortic or iliac artery aneurysm, pseudoaneurysm, or dissection, radiological supervision and interpretation

**Global:**

**Issue:** Endovascular Repair Procedures (EVAR)

**Screen:** Codes Reported Together 75%or More-Part3

**Complete?** Yes

**Most Recent RUC Meeting:** January 2017

**Tab** 10

**Specialty Developing Recommendation:** SVS, SIR, STS, AATS

**First Identified:** October 2015

**2019 est Medicare Utilization:**

**2007 Work RVU:** 0.00

**2020 Work RVU:**

**2007 NF PE RVU:** 0

**2020 NF PE RVU:**

**2007 Fac PE RVU** 0

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**75954** Endovascular repair of iliac artery aneurysm, pseudoaneurysm, arteriovenous malformation, or trauma, using ilio-iliac tube endoprosthesis, radiological supervision and interpretation

**Global:**

**Issue:** Endovascular Repair Procedures (EVAR)

**Screen:** Codes Reported Together 75%or More-Part3

**Complete?** Yes

**Most Recent RUC Meeting:** January 2017

**Tab** 10

**Specialty Developing Recommendation:** SVS, SIR, STS, AATS

**First Identified:** January 2017

**2019 est Medicare Utilization:**

**2007 Work RVU:** 0.00

**2020 Work RVU:**

**2007 NF PE RVU:** 0

**2020 NF PE RVU:**

**2007 Fac PE RVU** 0

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

<b>75960</b>	Transcatheter introduction of intravascular stent(s) (except coronary, carotid, vertebral, iliac, and lower extremity artery), percutaneous and/or open, radiological supervision and interpretation, each vessel	<b>Global:</b>	<b>Issue:</b> RAW	<b>Screen:</b> High Volume Growth1 / Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2012	<b>Tab</b> 27	<b>Specialty Developing Recommendation:</b> ACC, ACR, SIR, SVS	<b>First Identified:</b>	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Deleted from CPT
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> February 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>
<b>75961</b>	Transcatheter retrieval, percutaneous, of intravascular foreign body (eg, fractured venous or arterial catheter), radiological supervision and interpretation	<b>Global:</b>	<b>Issue:</b> Transcatheter Procedures	<b>Screen:</b> Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2010	<b>Tab</b> 45	<b>Specialty Developing Recommendation:</b> ACC, ACR, SIR, SVS	<b>First Identified:</b> February 2010	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> 4.24 <b>2007 NF PE RVU:</b> 9.99 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Deleted from CPT
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> June 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>
<b>75962</b>	Transluminal balloon angioplasty, peripheral artery other than renal, or other visceral artery, iliac or lower extremity, radiological supervision and interpretation	<b>Global:</b>	<b>Issue:</b> Open and Percutaneous Transluminal Angioplasty	<b>Screen:</b> High Volume Growth1 / Codes Reported Together 75% or More-Part3	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 15	<b>Specialty Developing Recommendation:</b> ACR, SIR, SVS	<b>First Identified:</b> April 2010	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> 0.54 <b>2007 NF PE RVU:</b> 12.8 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Deleted from CPT
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> October 2015 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>

## Status Report: CMS Requests and Relativity Assessment Issues

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<b>75964</b>	<b>Transluminal balloon angioplasty, each additional peripheral artery other than renal or other visceral artery, iliac or lower extremity, radiological supervision and interpretation (List separately in addition to code for primary procedure)</b>	<b>Global:</b>	<b>Issue:</b> Open and Percutaneous Transluminal Angioplasty	<b>Screen:</b> High Volume Growth1	<b>Complete?</b> Yes
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**Most Recent RUC Meeting:** January 2016

**Tab 15 Specialty Developing Recommendation:** ACR, SIR, SVS

**First Identified:**

**2019 est Medicare Utilization:**

**2007 Work RVU:** 0.36

**2020 Work RVU:**

**2007 NF PE RVU:** 6.96

**2020 NF PE RVU:**

**2007 Fac PE RVU:** 6.96

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2015

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

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<b>75966</b>	<b>Transluminal balloon angioplasty, renal or other visceral artery, radiological supervision and interpretation</b>	<b>Global:</b>	<b>Issue:</b> Open and Percutaneous Transluminal Angioplasty	<b>Screen:</b> Codes Reported Together 75% or More-Part3	<b>Complete?</b> Yes
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**Most Recent RUC Meeting:** January 2016

**Tab 15 Specialty Developing Recommendation:** ACR, SIR, SVS

**First Identified:** January 2015

**2019 est Medicare Utilization:**

**2007 Work RVU:** 1.31

**2020 Work RVU:**

**2007 NF PE RVU:** 13.18

**2020 NF PE RVU:**

**2007 Fac PE RVU:** NA

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2015

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

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<b>75968</b>	<b>Transluminal balloon angioplasty, each additional visceral artery, radiological supervision and interpretation (List separately in addition to code for primary procedure)</b>	<b>Global:</b>	<b>Issue:</b> Open and Percutaneous Transluminal Angioplasty	<b>Screen:</b> Codes Reported Together 75% or More-Part3	<b>Complete?</b> Yes
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**Most Recent RUC Meeting:** January 2016

**Tab 15 Specialty Developing Recommendation:** ACR, SIR, SVS

**First Identified:** January 2015

**2019 est Medicare Utilization:**

**2007 Work RVU:** 0.36

**2020 Work RVU:**

**2007 NF PE RVU:** 6.99

**2020 NF PE RVU:**

**2007 Fac PE RVU:** 6.99

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2015

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

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## Status Report: CMS Requests and Relativity Assessment Issues

<b>75978</b>	<b>Transluminal balloon angioplasty, venous (eg, subclavian stenosis), radiological supervision and interpretation</b>	<b>Global:</b>	<b>Issue:</b> Open and Percutaneous Transluminal Angioplasty	<b>Screen:</b> CMS-Other - Utilization over 250,000 / CMS High Expenditure Procedural Codes1 / Codes Reported Together 75% or More-Part3 / CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab 15</b>	<b>Specialty Developing Recommendation:</b> ACR, SIR, SVS	<b>First Identified:</b> April 2013	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> 0.54 <b>2020 Work RVU:</b> <b>2007 NF PE RVU:</b> 12.72 <b>2020 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> NA <b>2020 Fac PE RVU:</b> <b>Result:</b> Deleted from CPT
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> October 2015 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		
<b>75980</b>	<b>Percutaneous transhepatic biliary drainage with contrast monitoring, radiological supervision and interpretation</b>	<b>Global:</b>	<b>Issue:</b> Percutaneous Biliary Procedures Bundling	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2015	<b>Tab 06</b>	<b>Specialty Developing Recommendation:</b> ACR, SIR	<b>First Identified:</b> October 2012	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> 0.00 <b>2020 Work RVU:</b> <b>2007 NF PE RVU:</b> NA <b>2020 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> NA <b>2020 Fac PE RVU:</b> <b>Result:</b> Deleted from CPT
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> February 2015 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		
<b>75982</b>	<b>Percutaneous placement of drainage catheter for combined internal and external biliary drainage or of a drainage stent for internal biliary drainage in patients with an inoperable mechanical biliary obstruction, radiological supervision and interpretation</b>	<b>Global:</b>	<b>Issue:</b> Percutaneous Biliary Procedures Bundling	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2015	<b>Tab 06</b>	<b>Specialty Developing Recommendation:</b> ACR, SIR	<b>First Identified:</b> October 2012	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> 0.00 <b>2020 Work RVU:</b> <b>2007 NF PE RVU:</b> 0 <b>2020 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> 0 <b>2020 Fac PE RVU:</b> <b>Result:</b> Deleted from CPT
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> February 2015 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		



## Status Report: CMS Requests and Relativity Assessment Issues

**75984** Change of percutaneous tube or drainage catheter with contrast monitoring (eg, genitourinary system, abscess), radiological supervision and interpretation **Global:** XXX **Issue:** Introduction of Catheter or Stent **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** April 2019 **Tab** 17 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2019 est Medicare Utilization:** 20,664 **2007 Work RVU:** 0.72 **2020 Work RVU:** 0.72 **2007 NF PE RVU:** 2.18 **2020 NF PE RVU:** 2.01 **2007 Fac PE RVU:** NA **2020 Fac PE RVU:** NA **RUC Recommendation:** 0.83 **Result:** Increase

**Referred to CPT** RAW will assess Oct 2018  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**75992** Deleted from CPT **Global:** **Issue:** Transluminal Arthrectomy **Screen:** High Volume Growth1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2008 **Tab** 57 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** February 2008 **2019 est Medicare Utilization:** **2007 Work RVU:** 0.00 **2020 Work RVU:** **2007 NF PE RVU:** NA **2020 NF PE RVU:** **2007 Fac PE RVU:** NA **2020 Fac PE RVU:** **RUC Recommendation:** Deleted from CPT **Result:** Deleted from CPT

**Referred to CPT** February 2010  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**75993** Deleted from CPT **Global:** **Issue:** Transluminal Arthrectomy **Screen:** High Volume Growth1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2008 **Tab** 57 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** February 2008 **2019 est Medicare Utilization:** **2007 Work RVU:** 0.00 **2020 Work RVU:** **2007 NF PE RVU:** 0 **2020 NF PE RVU:** **2007 Fac PE RVU:** 0 **2020 Fac PE RVU:** **RUC Recommendation:** Deleted from CPT **Result:** Deleted from CPT

**Referred to CPT** February 2010  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**75994** Revised to Category III **Global:** **Issue:** Transluminal Arthrectomy **Screen:** High Volume Growth1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2008 **Tab** 57 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** April 2008 **2019 est Medicare Utilization:** **2007 Work RVU:** 0.00 **2020 Work RVU:** **2007 NF PE RVU:** 0 **2020 NF PE RVU:** **2007 Fac PE RVU:** 0 **2020 Fac PE RVU:** **RUC Recommendation:** Deleted from CPT **Result:** Deleted from CPT

**Referred to CPT** February 2010  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**75995** Revised to Category III

**Global:**

**Issue:** Transluminal Arthrectomy

**Screen:** High Volume Growth1

**Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2008

**Tab** 57

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

**First**  
**Identified:** April 2008

**2019 est**  
**Medicare**  
**Utilization:**

**2007 Work RVU:** 0.00

**2020 Work RVU:**

**2007 NF PE RVU:** 0

**2020 NF PE RVU:**

**2007 Fac PE RVU** 0

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2010

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

**75996** Revised to Category III

**Global:**

**Issue:** Transluminal Arthrectomy

**Screen:** High Volume Growth1

**Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2008

**Tab** 57

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

**First**  
**Identified:** April 2008

**2019 est**  
**Medicare**  
**Utilization:**

**2007 Work RVU:** 0.00

**2020 Work RVU:**

**2007 NF PE RVU:** 0

**2020 NF PE RVU:**

**2007 Fac PE RVU** 0

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2010

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

**76000** Fluoroscopy (separate procedure), up to 1 hour physician or other qualified health care professional time

**Global:** XXX

**Issue:** Fluoroscopy

**Screen:** Low Value-Billed in Multiple Units / CMS-Other - Utilization over 100,000

**Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2017

**Tab** 27

**Specialty Developing**  
**Recommendation:** ACR, APMA

**First**  
**Identified:** October 2010

**2019 est**  
**Medicare**  
**Utilization:** 118,492

**2007 Work RVU:** 0.17

**2020 Work RVU:** 0.30

**2007 NF PE RVU:** 1.68

**2020 NF PE RVU:** 0.84

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:** NA

**Result:** Increase

**RUC Recommendation:** 0.30

**Referred to CPT**

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

## Status Report: CMS Requests and Relativity Assessment Issues

<b>76001</b>	Fluoroscopy, physician or other qualified health care professional time more than 1 hour, assisting a nonradiologic physician or other qualified health care professional (eg, nephrostolithotomy, ERCP, bronchoscopy, transbronchial biopsy)	<b>Global:</b>	<b>Issue:</b> Fluoroscopy	<b>Screen:</b> CMS-Other - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2017	<b>Tab 27</b> <b>Specialty Developing Recommendation:</b> ACR	<b>First Identified:</b> October 2016	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Deleted from CPT	<b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> September 2017 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>					
<b>76098</b>	Radiological examination, surgical specimen	<b>Global:</b> XXX	<b>Issue:</b> X-Ray Exam Specimen	<b>Screen:</b> CMS-Other - Utilization over 30,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2018	<b>Tab 21</b> <b>Specialty Developing Recommendation:</b> ACR	<b>First Identified:</b> October 2017	<b>2019 est Medicare Utilization:</b> 68,182	<b>2007 Work RVU:</b> 0.16 <b>2007 NF PE RVU:</b> 0.43 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Increase	<b>2020 Work RVU:</b> 0.31 <b>2020 NF PE RVU:</b> 0.87 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.31		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>					
<b>76100</b>	Radiologic examination, single plane body section (eg, tomography), other than with urography	<b>Global:</b> XXX	<b>Issue:</b> Fluoroscopy	<b>Screen:</b> CMS Request - Practice Expense Review	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2009	<b>Tab 27</b> <b>Specialty Developing Recommendation:</b> ACR, ISIS	<b>First Identified:</b> April 2009	<b>2019 est Medicare Utilization:</b> 5,269	<b>2007 Work RVU:</b> 0.58 <b>2007 NF PE RVU:</b> 1.93 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> PE Only	<b>2020 Work RVU:</b> 0.58 <b>2020 NF PE RVU:</b> 2.11 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> New PE inputs		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

# Status Report: CMS Requests and Relativity Assessment Issues

<b>76101</b>	<b>Radiologic examination, complex motion (ie, hypercycloidal) body section (eg, mastoid polytomography), other than with urography; unilateral</b>	<b>Global:</b> XXX	<b>Issue:</b> Fluroscopy	<b>Screen:</b> CMS Request - Practice Expense Review	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2009	<b>Tab 27</b>	<b>Specialty Developing Recommendation:</b> ACR, ISIS	<b>First Identified:</b> April 2009	<b>2019 est Medicare Utilization:</b> 2	<b>2007 Work RVU:</b> 0.58 <b>2007 NF PE RVU:</b> 2.5 <b>2007 Fac PE RVU</b> NA <b>Result:</b> PE Only
<b>RUC Recommendation:</b> New PE inputs			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> 0.58 <b>2020 NF PE RVU:</b> 2.06 <b>2020 Fac PE RVU:</b> NA

<b>76102</b>	<b>Radiologic examination, complex motion (ie, hypercycloidal) body section (eg, mastoid polytomography), other than with urography; bilateral</b>	<b>Global:</b> XXX	<b>Issue:</b> Fluroscopy	<b>Screen:</b> CMS Request - Practice Expense Review	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2009	<b>Tab 27</b>	<b>Specialty Developing Recommendation:</b> ACR, ISIS	<b>First Identified:</b> April 2009	<b>2019 est Medicare Utilization:</b> 2,408	<b>2007 Work RVU:</b> 0.58 <b>2007 NF PE RVU:</b> 3.35 <b>2007 Fac PE RVU</b> NA <b>Result:</b> PE Only
<b>RUC Recommendation:</b> New PE inputs			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> 0.58 <b>2020 NF PE RVU:</b> 4.33 <b>2020 Fac PE RVU:</b> NA

<b>76376</b>	<b>3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; not requiring image postprocessing on an independent workstation</b>	<b>Global:</b> XXX	<b>Issue:</b> 3D Rendering	<b>Screen:</b> Negative IWPUT	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2018	<b>Tab 23</b>	<b>Specialty Developing Recommendation:</b> ACR, ASNR	<b>First Identified:</b> April 2017	<b>2019 est Medicare Utilization:</b> 276,317	<b>2007 Work RVU:</b> 0.20 <b>2007 NF PE RVU:</b> 2.95 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 0.20			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> 0.20 <b>2020 NF PE RVU:</b> 0.43 <b>2020 Fac PE RVU:</b> NA

# Status Report: CMS Requests and Relativity Assessment Issues

<b>76377</b>	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; requiring image postprocessing on an independent workstation	<b>Global:</b> XXX	<b>Issue:</b> 3D Rendering with Interpretation and Report	<b>Screen:</b> CMS Request - Final Rule for 2020	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> January 2020	<b>Tab</b> 30 <b>Specialty Developing Recommendation:</b> ACR, ASNR, SIR	<b>First Identified:</b> July 2019	<b>2019 est Medicare Utilization:</b> 190,343	<b>2007 Work RVU:</b> 0.79 <b>2007 NF PE RVU:</b> 3.09 <b>2007 Fac PE RVU</b> NA <b>Result:</b>	<b>2020 Work RVU:</b> 0.79 <b>2020 NF PE RVU:</b> 1.18 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> Refer to CPT		<b>Referred to CPT</b> February 2021 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>76510</b>	Ophthalmic ultrasound, diagnostic; B-scan and quantitative A-scan performed during the same patient encounter	<b>Global:</b> XXX	<b>Issue:</b> Ophthalmic Ultrasound	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2016	<b>Tab</b> 23 <b>Specialty Developing Recommendation:</b> AAO, ASRS, AOA (optometry)	<b>First Identified:</b> April 2016	<b>2019 est Medicare Utilization:</b> 14,435	<b>2007 Work RVU:</b> 1.55 <b>2007 NF PE RVU:</b> 2.73 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Decrease	<b>2020 Work RVU:</b> 0.70 <b>2020 NF PE RVU:</b> 1.84 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.70		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>76511</b>	Ophthalmic ultrasound, diagnostic; quantitative A-scan only	<b>Global:</b> XXX	<b>Issue:</b> Ophthalmic Ultrasound	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2016	<b>Tab</b> 23 <b>Specialty Developing Recommendation:</b> AAO, ASRS, AOA (optometry)	<b>First Identified:</b> April 2016	<b>2019 est Medicare Utilization:</b> 4,208	<b>2007 Work RVU:</b> 0.94 <b>2007 NF PE RVU:</b> 2.17 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Decrease	<b>2020 Work RVU:</b> 0.64 <b>2020 NF PE RVU:</b> 1.09 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.64		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

# Status Report: CMS Requests and Relativity Assessment Issues

<b>76512</b>	<b>Ophthalmic ultrasound, diagnostic; B-scan (with or without superimposed non-quantitative A-scan)</b>	<b>Global:</b> XXX	<b>Issue:</b> Ophthalmic Ultrasound	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2016	<b>Tab</b> 23	<b>Specialty Developing Recommendation:</b> AAO, ASRS, AOA (optometry)	<b>First Identified:</b> July 2015	<b>2019 est Medicare Utilization:</b> 220,526	<b>2007 Work RVU:</b> 0.94 <b>2007 NF PE RVU:</b> 1.97 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Decrease <b>2020 Work RVU:</b> 0.56 <b>2020 NF PE RVU:</b> 0.91 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.56			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
<hr/>					
<b>76513</b>	<b>Ophthalmic ultrasound, diagnostic; anterior segment ultrasound, immersion (water bath) B-scan or high resolution biomicroscopy</b>	<b>Global:</b> XXX	<b>Issue:</b> Ophthalmic Ultrasound Anterior Segment	<b>Screen:</b> High Volume Growth1 / CPT Assistant Analysis 2018	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2020	<b>Tab</b> 17	<b>Specialty Developing Recommendation:</b> AAO, AOA (optometric), ASCRS	<b>First Identified:</b> February 2008	<b>2019 est Medicare Utilization:</b> 26,263	<b>2007 Work RVU:</b> 0.66 <b>2007 NF PE RVU:</b> 1.75 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Decrease <b>2020 Work RVU:</b> 0.66 <b>2020 NF PE RVU:</b> 2.13 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.60 and CPT Assistant article published			<b>Referred to CPT</b> September 2019 <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Apr 2013	
<hr/>					
<b>76514</b>	<b>Ophthalmic ultrasound, diagnostic; corneal pachymetry, unilateral or bilateral (determination of corneal thickness)</b>	<b>Global:</b> XXX	<b>Issue:</b> Echo Exam of Eye Thickness	<b>Screen:</b> Negative IWPUT	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2017	<b>Tab</b> 12	<b>Specialty Developing Recommendation:</b> AAO, AOA (optometric)	<b>First Identified:</b> April 2017	<b>2019 est Medicare Utilization:</b> 488,963	<b>2007 Work RVU:</b> 0.17 <b>2007 NF PE RVU:</b> 0.15 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Maintain <b>2020 Work RVU:</b> 0.14 <b>2020 NF PE RVU:</b> 0.18 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.17			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	

# Status Report: CMS Requests and Relativity Assessment Issues

**76516** Ophthalmic biometry by ultrasound echography, A-scan;

**Global:** XXX

**Issue:** Ophthalmic Biometry

**Screen:** CMS High Expenditure  
Procedural Codes2

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2016

**Tab** 36

**Specialty Developing  
Recommendation:** AAO, AOA  
(optometry)

**First  
Identified:** April 2016

**2019 est  
Medicare  
Utilization:** 2,403

**2007 Work RVU:** 0.54

**2020 Work RVU:** 0.40

**2007 NF PE RVU:** 1.39

**2020 NF PE RVU:** 0.94

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**NA

**Result:** Decrease

**RUC Recommendation:** 0.40

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**76519** Ophthalmic biometry by ultrasound echography, A-scan; with intraocular lens  
power calculation

**Global:** XXX

**Issue:** Ophthalmic Biometry

**Screen:** CMS High Expenditure  
Procedural Codes2

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2016

**Tab** 36

**Specialty Developing  
Recommendation:** AAO, AOA  
(optometry)

**First  
Identified:** July 2015

**2019 est  
Medicare  
Utilization:** 187,253

**2007 Work RVU:** 0.54

**2020 Work RVU:** 0.54

**2007 NF PE RVU:** 1.49

**2020 NF PE RVU:** 1.32

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**NA

**Result:** Maintain

**RUC Recommendation:** 0.54

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**76536** Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid),  
real time with image documentation

**Global:** XXX

**Issue:** Soft Tissue Ultrasound

**Screen:** CMS Fastest Growing

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2009

**Tab** 29

**Specialty Developing  
Recommendation:** ACR, ASNR,  
TES, AACE

**First  
Identified:** October 2008

**2019 est  
Medicare  
Utilization:** 945,181

**2007 Work RVU:** 0.56

**2020 Work RVU:** 0.56

**2007 NF PE RVU:** 1.83

**2020 NF PE RVU:** 2.67

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**NA

**Result:** Maintain

**RUC Recommendation:** 0.56

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**76604** Ultrasound, chest (includes mediastinum), real time with image documentation

**Global:** XXX

**Issue:** Ultrasound Exam - Chest

**Screen:** CMS-Other - Utilization  
over 30,000

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2018

**Tab** 24

**Specialty Developing  
Recommendation:** ACR

**First  
Identified:** October 2017

**2019 est  
Medicare  
Utilization:** 106,091

**2007 Work RVU:** 0.55

**2020 Work RVU:** 0.59

**2007 NF PE RVU:** 1.54

**2020 NF PE RVU:** 1.60

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**NA

**Result:** Increase

**RUC Recommendation:** 0.59

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

76641	Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; complete		Global: XXX	Issue: Breast Ultrasound	Screen: CMS-Other - Utilization over 500,000	Complete? Yes
Most Recent RUC Meeting: January 2014	Tab 13	Specialty Developing Recommendation: ACR	First Identified: January 2014	2019 est Medicare Utilization: 647,984	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Increase	2020 Work RVU: 0.73 2020 NF PE RVU: 2.25 2020 Fac PE RVU: NA
RUC Recommendation: 0.73			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	October 2013 Published in CPT Asst:		
76642	Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; limited		Global: XXX	Issue: Breast Ultrasound	Screen: CMS-Other - Utilization over 500,000	Complete? Yes
Most Recent RUC Meeting: January 2014	Tab 13	Specialty Developing Recommendation: ACR	First Identified: January 2014	2019 est Medicare Utilization: 769,119	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Increase	2020 Work RVU: 0.68 2020 NF PE RVU: 1.75 2020 Fac PE RVU: NA
RUC Recommendation: 0.68			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	October 2013 Published in CPT Asst:		
76645	Ultrasound, breast(s) (unilateral or bilateral), real time with image documentation		Global:	Issue: Breast Ultrasound	Screen: CMS-Other - Utilization over 500,000	Complete? Yes
Most Recent RUC Meeting: January 2014	Tab 13	Specialty Developing Recommendation: ACR	First Identified: April 2011	2019 est Medicare Utilization:	2007 Work RVU: 0.54 2007 NF PE RVU: 1.41 2007 Fac PE RVU NA Result: Deleted from CPT	2020 Work RVU: 2020 NF PE RVU: 2020 Fac PE RVU:
RUC Recommendation: Deleted from CPT			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	October 2013 Published in CPT Asst:		
76700	Ultrasound, abdominal, real time with image documentation; complete		Global: XXX	Issue: Ultrasound	Screen: MPC List	Complete? Yes
Most Recent RUC Meeting: October 2013	Tab 13	Specialty Developing Recommendation: ACR	First Identified: October 2010	2019 est Medicare Utilization: 908,859	2007 Work RVU: 0.81 2007 NF PE RVU: 2.39 2007 Fac PE RVU NA Result: Maintain	2020 Work RVU: 0.81 2020 NF PE RVU: 2.60 2020 Fac PE RVU: NA
RUC Recommendation: 0.81			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		



# Status Report: CMS Requests and Relativity Assessment Issues

<b>76705</b>	Ultrasound, abdominal, real time with image documentation; limited (eg, single organ, quadrant, follow-up)	<b>Global:</b> XXX	<b>Issue:</b> Ultrasound	<b>Screen:</b> CMS-Other - Utilization over 500,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2013	<b>Tab</b> 13	<b>Specialty Developing Recommendation:</b> ACR, ASBS	<b>First Identified:</b> April 2011	<b>2019 est Medicare Utilization:</b> 1,100,059	<b>2007 Work RVU:</b> 0.59 <b>2007 NF PE RVU:</b> 1.77 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 0.59			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> 0.59 <b>2020 NF PE RVU:</b> 1.94 <b>2020 Fac PE RVU:</b> NA
<b>76706</b>	Ultrasound, abdominal aorta, real time with image documentation, screening study for abdominal aortic aneurysm (AAA)	<b>Global:</b> XXX	<b>Issue:</b> Abdominal Aorta Ultrasound Screening	<b>Screen:</b> Final Rule for 2015	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2015	<b>Tab</b> 12	<b>Specialty Developing Recommendation:</b> ACR, SIR, SVS	<b>First Identified:</b> May 2015	<b>2019 est Medicare Utilization:</b> 159,273	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU</b> <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 0.55			<b>Referred to CPT</b> May 2015 <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Jan 2017	<b>2020 Work RVU:</b> 0.55 <b>2020 NF PE RVU:</b> 2.62 <b>2020 Fac PE RVU:</b> NA
<b>76770</b>	Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; complete	<b>Global:</b> XXX	<b>Issue:</b> Ultrasound	<b>Screen:</b> CMS-Other - Utilization over 500,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2013	<b>Tab</b> 13	<b>Specialty Developing Recommendation:</b> ACR	<b>First Identified:</b> April 2011	<b>2019 est Medicare Utilization:</b> 1,345,427	<b>2007 Work RVU:</b> 0.74 <b>2007 NF PE RVU:</b> 2.36 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 0.74			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> 0.74 <b>2020 NF PE RVU:</b> 2.41 <b>2020 Fac PE RVU:</b> NA
<b>76775</b>	Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; limited	<b>Global:</b> XXX	<b>Issue:</b> Ultrasound	<b>Screen:</b> CMS-Other - Utilization over 500,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2013	<b>Tab</b> 13	<b>Specialty Developing Recommendation:</b> ACR	<b>First Identified:</b> April 2011	<b>2019 est Medicare Utilization:</b> 522,183	<b>2007 Work RVU:</b> 0.58 <b>2007 NF PE RVU:</b> 1.81 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 0.58			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> 0.58 <b>2020 NF PE RVU:</b> 1.04 <b>2020 Fac PE RVU:</b> NA

# Status Report: CMS Requests and Relativity Assessment Issues

<b>76819</b>	<b>Fetal biophysical profile; without non-stress testing</b>	<b>Global:</b> XXX	<b>Issue:</b> RAW	<b>Screen:</b> High Volume Growth2	<b>Complete?</b> Yes
<b>Most Recent</b> <b>RUC Meeting:</b> October 2013	<b>Tab</b> 18 <b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> April 2013	<b>2019 est Medicare Utilization:</b> 12,225	<b>2007 Work RVU:</b> 0.77 <b>2007 NF PE RVU:</b> 1.81 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Remove from screen	<b>2020 Work RVU:</b> 0.77 <b>2020 NF PE RVU:</b> 1.64 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> Remove from screen		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

<b>76830</b>	<b>Ultrasound, transvaginal</b>	<b>Global:</b> XXX	<b>Issue:</b> Transvaginal and Transrectal Ultrasound	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent</b> <b>RUC Meeting:</b> April 2012	<b>Tab</b> 44 <b>Specialty Developing Recommendation:</b> ACOG, ACR, AUA	<b>First Identified:</b> September 2011	<b>2019 est Medicare Utilization:</b> 442,342	<b>2007 Work RVU:</b> 0.69 <b>2007 NF PE RVU:</b> 1.97 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Maintain	<b>2020 Work RVU:</b> 0.69 <b>2020 NF PE RVU:</b> 2.74 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.69		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

<b>76856</b>	<b>Ultrasound, pelvic (nonobstetric), real time with image documentation; complete</b>	<b>Global:</b> XXX	<b>Issue:</b> Ultrasound	<b>Screen:</b> CMS-Other - Utilization over 500,000	<b>Complete?</b> Yes
<b>Most Recent</b> <b>RUC Meeting:</b> October 2013	<b>Tab</b> 13 <b>Specialty Developing Recommendation:</b> ACR	<b>First Identified:</b> April 2011	<b>2019 est Medicare Utilization:</b> 429,962	<b>2007 Work RVU:</b> 0.69 <b>2007 NF PE RVU:</b> 1.99 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Maintain	<b>2020 Work RVU:</b> 0.69 <b>2020 NF PE RVU:</b> 2.36 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.69		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

<b>76857</b>	<b>Ultrasound, pelvic (nonobstetric), real time with image documentation; limited or follow-up (eg, for follicles)</b>	<b>Global:</b> XXX	<b>Issue:</b> Ultrasound	<b>Screen:</b> CMS-Other - Utilization over 250,000	<b>Complete?</b> Yes
<b>Most Recent</b> <b>RUC Meeting:</b> October 2013	<b>Tab</b> 13 <b>Specialty Developing Recommendation:</b> ACR	<b>First Identified:</b> April 2013	<b>2019 est Medicare Utilization:</b> 205,984	<b>2007 Work RVU:</b> 0.38 <b>2007 NF PE RVU:</b> 1.99 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Decrease	<b>2020 Work RVU:</b> 0.50 <b>2020 NF PE RVU:</b> 0.84 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.50		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

# Status Report: CMS Requests and Relativity Assessment Issues

<b>76870</b>	<b>Ultrasound, scrotum and contents</b>			<b>Global:</b> XXX	<b>Issue:</b> Ultrasound Exam - Scrotum	<b>Screen:</b> CMS-Other - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2017	<b>Tab</b> 28	<b>Specialty Developing Recommendation:</b>	ACR, AUA	<b>First Identified:</b> April 2016	<b>2019 est Medicare Utilization:</b> 147,467	<b>2007 Work RVU:</b> 0.64 <b>2007 NF PE RVU:</b> 1.97 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Maintain	<b>2020 Work RVU:</b> 0.64 <b>2020 NF PE RVU:</b> 2.28 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.64				<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

<b>76872</b>	<b>Ultrasound, transrectal;</b>			<b>Global:</b> XXX	<b>Issue:</b> Transvaginal and Transrectal Ultrasound	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab</b> 44	<b>Specialty Developing Recommendation:</b>	ACOG, ACR, AUA	<b>First Identified:</b> September 2011	<b>2019 est Medicare Utilization:</b> 212,765	<b>2007 Work RVU:</b> 0.69 <b>2007 NF PE RVU:</b> 2.52 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Maintain	<b>2020 Work RVU:</b> 0.69 <b>2020 NF PE RVU:</b> 3.71 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.69				<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

<b>76880</b>	<b>Deleted from CPT</b>			<b>Global:</b>	<b>Issue:</b> Lower Extremity Ultrasound	<b>Screen:</b> CMS Fastest Growing	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2009	<b>Tab</b> 26	<b>Specialty Developing Recommendation:</b>	APMA, ACR	<b>First Identified:</b> October 2008	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> 0.59 <b>2007 NF PE RVU:</b> 1.97 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Deleted from CPT	<b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT				<b>Referred to CPT</b> February 2010 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

<b>76881</b>	<b>Ultrasound, complete joint (ie, joint space and peri-articular soft-tissue structures), real-time with image documentation</b>			<b>Global:</b> XXX	<b>Issue:</b> Ultrasound of Extremity	<b>Screen:</b> CMS Fastest Growing / New Technology/New Services	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> October 2019	<b>Tab</b> 17	<b>Specialty Developing Recommendation:</b>	AAOS, ACR, ACRh, APMA	<b>First Identified:</b> April 2010	<b>2019 est Medicare Utilization:</b> 196,753	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU</b>	<b>2020 Work RVU:</b> 0.63 <b>2020 NF PE RVU:</b> 1.53 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> Revised PE. RAW review in Oct 2021				<b>Referred to CPT</b> June 2017 <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Clinical Examples of Radiology Winter 2011; Apr 2016	<b>Result:</b>	

# Status Report: CMS Requests and Relativity Assessment Issues

<b>76882</b>	<b>Ultrasound, limited, joint or other nonvascular extremity structure(s) (eg, joint space, peri-articular tendon[s], muscle[s], nerve[s], other soft-tissue structure[s], or soft-tissue mass[es]), real-time with image documentation</b>	<b>Global:</b> XXX	<b>Issue:</b> Ultrasound of Extremity	<b>Screen:</b> CMS Fastest Growing / New Technology/New Services	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> October 2019	<b>Tab</b> 17	<b>Specialty Developing Recommendation:</b> AAOS, ACR, ACRh, APMA	<b>First Identified:</b> April 2010	<b>2019 est Medicare Utilization:</b> 288,120	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU</b> <b>Result:</b> Decrease <b>2020 Work RVU:</b> 0.49 <b>2020 NF PE RVU:</b> 1.09 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> Revised PE. RAW review in Oct 2021			<b>Referred to CPT</b> June 2017 <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Clinical Examples of Radiology Summer and Winter 2011; Apr 2016	
<b>76930</b>	<b>Ultrasonic guidance for pericardiocentesis, imaging supervision and interpretation</b>	<b>Global:</b>	<b>Issue:</b> Pericardiocentesis and Pericardial Drainage	<b>Screen:</b> CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2019	<b>Tab</b> 04	<b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> July 2013	<b>2019 est Medicare Utilization:</b> 2,662	<b>2007 Work RVU:</b> 0.67 <b>2007 NF PE RVU:</b> 1.85 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Deleted from CPT <b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> September 2018 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
<b>76932</b>	<b>Ultrasonic guidance for endomyocardial biopsy, imaging supervision and interpretation</b>	<b>Global:</b> YYY	<b>Issue:</b> Ultrasound Guidance	<b>Screen:</b> CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 34	<b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> July 2013	<b>2019 est Medicare Utilization:</b> 1,241	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU</b> NA <b>Result:</b> Maintain <b>2020 Work RVU:</b> 0.00 <b>2020 NF PE RVU:</b> 0.00 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.67			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	

## Status Report: CMS Requests and Relativity Assessment Issues

**76936** Ultrasound guided compression repair of arterial pseudoaneurysm or arteriovenous fistulae (includes diagnostic ultrasound evaluation, compression of lesion and imaging) **Global:** XXX **Issue:** RAW **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

**Most Recent RUC Meeting:** October 2013 **Tab** 18 **Specialty Developing Recommendation:** **First Identified:** July 2013 **2019 est Medicare Utilization:** 810 **2007 Work RVU:** 1.99 **2020 Work RVU:** 1.99 **2007 NF PE RVU:** 6.67 **2020 NF PE RVU:** 5.40 **2007 Fac PE RVU:** NA **2020 Fac PE RVU:** NA **Result:** Maintain

**RUC Recommendation:** Maintain **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**76937** Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites, documentation of selected vessel patency, concurrent realtime ultrasound visualization of vascular needle entry, with permanent recording and reporting (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** PICC Line Procedures **Screen:** Identified in RUC review of other services **Complete?** No

**Most Recent RUC Meeting:** January 2018 **Tab** 09 **Specialty Developing Recommendation:** **First Identified:** January 2018 **2019 est Medicare Utilization:** 637,782 **2007 Work RVU:** 0.30 **2020 Work RVU:** 0.30 **2007 NF PE RVU:** 0.51 **2020 NF PE RVU:** 0.71 **2007 Fac PE RVU:** 0.51 **2020 Fac PE RVU:** NA **Result:**

**RUC Recommendation:** Review in 2 years (Oct 2021) **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**76940** Ultrasound guidance for, and monitoring of, parenchymal tissue ablation **Global:** YYY **Issue:** Ultrasound Guidance **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

**Most Recent RUC Meeting:** January 2015 **Tab** 29 **Specialty Developing Recommendation:** ACS, ACR, SIR **First Identified:** July 2013 **2019 est Medicare Utilization:** 1,403 **2007 Work RVU:** 0.00 **2020 Work RVU:** 0.00 **2007 NF PE RVU:** NA **2020 NF PE RVU:** 0.00 **2007 Fac PE RVU:** NA **2020 Fac PE RVU:** NA **Result:** Maintain

**RUC Recommendation:** 2.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

<b>76942</b>	<b>Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation</b>	<b>Global:</b> XXX	<b>Issue:</b> Ultrasound Guidance for Needle Placement	<b>Screen:</b> CMS-Other - Utilization over 500,000 / CMS Request - Final Rule for 2014 / High Volume Growth3	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 35	<b>Specialty Developing Recommendation:</b> AACE, AAOS, AAPMR, ACR, ACRh, APMA, ASA, ASBS, ASIPP, AUA, SIR, TES	<b>First Identified:</b> April 2011	<b>2019 est Medicare Utilization:</b> 1,178,266	<b>2007 Work RVU:</b> 0.67 <b>2007 NF PE RVU:</b> 3.43 <b>2007 Fac PE RVU</b> NA <b>2020 Work RVU:</b> 0.67 <b>2020 NF PE RVU:</b> 0.91 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> Refer to CPT. 0.67			<b>Referred to CPT</b> October 2020 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		<b>Result:</b> Maintain
<b>76948</b>	<b>Ultrasonic guidance for aspiration of ova, imaging supervision and interpretation</b>	<b>Global:</b> XXX	<b>Issue:</b> Echo Guidance for Ova Aspiration	<b>Screen:</b> CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2015	<b>Tab</b> 25	<b>Specialty Developing Recommendation:</b> ACOG	<b>First Identified:</b> July 2013	<b>2019 est Medicare Utilization:</b> 3	<b>2007 Work RVU:</b> 0.38 <b>2007 NF PE RVU:</b> 1.34 <b>2007 Fac PE RVU</b> NA <b>2020 Work RVU:</b> 0.67 <b>2020 NF PE RVU:</b> 1.45 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.85			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		<b>Result:</b> Increase
<b>76950</b>	<b>Ultrasonic guidance for placement of radiation therapy fields</b>	<b>Global:</b>	<b>Issue:</b> Ultrasound Guidance	<b>Screen:</b> Codes Reported Together 75% or More- Part1 / CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 34	<b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> February 2010	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> 0.58 <b>2007 NF PE RVU:</b> 1.43 <b>2007 Fac PE RVU</b> NA <b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> October 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		<b>Result:</b> Deleted from CPT

# Status Report: CMS Requests and Relativity Assessment Issues

**76965** Ultrasonic guidance for interstitial radioelement application **Global:** XXX **Issue:** Ultrasound Guidance **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

**Most Recent** **Tab** 21 **Specialty Developing** NO **First** **2019 est** **2007 Work RVU:** 1.34 **2020 Work RVU:** 1.34  
**RUC Meeting:** September 2014 **Recommendation:** INTERESET **Identified:** July 2013 **Medicare** **2007 NF PE RVU:** 4.8 **2020 NF PE RVU:** 1.24  
**Utilization:** 6,316 **2007 Fac PE RVU** NA **2020 Fac PE RVU:**NA  
**RUC Recommendation:** Maintain **Referred to CPT** **Result:** Maintain  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**76970** Ultrasound study follow-up (specify) **Global:** XXX **Issue:** IMRT with Ultrasound Guidance **Screen:** High Volume Growth1 / CMS-Other - Utilization over 20,000 **Complete?** Yes

**Most Recent** **Tab** 17 **Specialty Developing** ACS, ACR, **First** **2019 est** **2007 Work RVU:** 0.40 **2020 Work RVU:** 0.40  
**RUC Meeting:** October 2019 **Recommendation:** AACE **Identified:** February 2008 **Medicare** **2007 NF PE RVU:** 1.41 **2020 NF PE RVU:** 2.07  
**Utilization:** 25,085 **2007 Fac PE RVU** NA **2020 Fac PE RVU:**NA  
**RUC Recommendation:** Deleted from CPT **Referred to CPT** February 2020 **Result:** Deleted from CPT  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**76998** Ultrasonic guidance, intraoperative **Global:** XXX **Issue:** **Screen:** CMS-Other - Utilization over 20,000 **Complete?** No

**Most Recent** **Tab** 17 **Specialty Developing** STS, AATS, **First** **2019 est** **2007 Work RVU:** 0.00 **2020 Work RVU:** 0.00  
**RUC Meeting:** October 2019 **Recommendation:** ACS, ASBrS, **Identified:** January 2019 **Medicare** **2007 NF PE RVU:** NA **2020 NF PE RVU:** 0.00  
**Utilization:** 29,381 **2007 Fac PE RVU** NA **2020 Fac PE RVU:**NA  
**RUC Recommendation:** Refer to CPT **Referred to CPT** October 2020 **Result:**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**77001** Fluoroscopic guidance for central venous access device placement, replacement (catheter only or complete), or removal (includes fluoroscopic guidance for vascular access and catheter manipulation, any necessary contrast injections through access site or catheter with related venography radiologic supervision and interpretation, and radiographic documentation of final catheter position) (List separately in addition to code for primary procedure)

**Global:** ZZZ **Issue:** PICC Line Procedures **Screen:** MPC List / CMS Request - Final Rule for 2013 / Final Rule for 2015 **Complete?** Yes

**Most Recent RUC Meeting:** January 2018 **Tab** 09 **Specialty Developing Recommendation:** AANS, AANEM, AAPM, AAPM&R, ACR, ASIPP, ASA, ASNR, CNS, ISIS, NASS **First Identified:** January 2012 **2019 est Medicare Utilization:** 310,854

**2007 Work RVU:** 0.38 **2020 Work RVU:** 0.38  
**2007 NF PE RVU:** 1.73 **2020 NF PE RVU:** 2.29  
**2007 Fac PE RVU** NA **2020 Fac PE RVU:**NA

**RUC Recommendation:** 0.38 **Referred to CPT** October 2015 **Result:** Maintain  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**77002** Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure)

**Global:** ZZZ **Issue:** Fluoroscopic Guidance **Screen:** MPC List / CMS Request - Final Rule for 2013 / CMS Request - Final Rule for 2015 / High Volume Growth3 **Complete?** Yes

**Most Recent RUC Meeting:** October 2015 **Tab** 13 **Specialty Developing Recommendation:** AANS, AANEM, AAPM, AAPM&R, ACR, ASIPP, ASA, ASNR, CNS, ISIS, NASS **First Identified:** January 2012 **2019 est Medicare Utilization:** 528,759

**2007 Work RVU:** 0.54 **2020 Work RVU:** 0.54  
**2007 NF PE RVU:** 1.4 **2020 NF PE RVU:** 2.47  
**2007 Fac PE RVU** NA **2020 Fac PE RVU:**NA

**RUC Recommendation:** 0.54 **Referred to CPT** October 2015 **Result:** Maintain  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**



## Status Report: CMS Requests and Relativity Assessment Issues

**77003** Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinal diagnostic or therapeutic injection procedures (epidural or subarachnoid) (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Fluoroscopic Guidance **Screen:** MPC List / CMS Request - Final Rule for 2013 / Final Rule for 2015 **Complete?** Yes

**Most Recent RUC Meeting:** October 2015

**Tab** 13

**Specialty Developing Recommendation:**

AANS, AANEM, AAPM, AAPM&R, ACR, ASIPP, ASA, ASNR, CNS, ISIS, NASS

**First Identified:** October 2010

**2019 est Medicare Utilization:** 77,998

**2007 Work RVU:** 0.60  
**2007 NF PE RVU:** 1.28  
**2007 Fac PE RVU** NA

**2020 Work RVU:** 0.60  
**2020 NF PE RVU:** 2.21  
**2020 Fac PE RVU:**NA

**RUC Recommendation:** 0.60

**Referred to CPT** October 2015

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

**Result:** Maintain

**77011** Computed tomography guidance for stereotactic localization

**Global:** XXX

**Issue:** IMRT with CT Guidance

**Screen:** CMS Request - Practice Expense Review

**Complete?** Yes

**Most Recent RUC Meeting:** October 2010

**Tab** 15

**Specialty Developing Recommendation:**

ASTRO, ACRO

**First Identified:**

**2019 est Medicare Utilization:** 4,582

**2007 Work RVU:** 1.21  
**2007 NF PE RVU:** 11.38  
**2007 Fac PE RVU** NA

**2020 Work RVU:** 1.21  
**2020 NF PE RVU:** 5.26  
**2020 Fac PE RVU:**NA

**RUC Recommendation:** New PE inputs

**Referred to CPT**

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

**Result:** PE Only

**77012** Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation

**Global:** XXX

**Issue:** Lung Biopsy-CT Guidance Bundle

**Screen:** CMS-Other - Utilization over 100,000 / Codes Reported Together 75%or More-Part4

**Complete?** Yes

**Most Recent RUC Meeting:** April 2019

**Tab** 05

**Specialty Developing Recommendation:**

ACR, SIR

**First Identified:** April 2016

**2019 est Medicare Utilization:** 210,656

**2007 Work RVU:** 1.16  
**2007 NF PE RVU:** 7.02  
**2007 Fac PE RVU** NA

**2020 Work RVU:** 1.50  
**2020 NF PE RVU:** 2.66  
**2020 Fac PE RVU:**NA

**RUC Recommendation:** Bundled 32405 and 77012. 1.50

**Referred to CPT** February 2019

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

**Result:** Increase

## Status Report: CMS Requests and Relativity Assessment Issues

<b>77014</b>	Computed tomography guidance for placement of radiation therapy fields	<b>Global:</b> XXX	<b>Issue:</b> IMRT with CT Guidance	<b>Screen:</b> CMS Request - Practice Expense Review / CMS-Other - Utilization over 500,000 / CMS High Expenditure Procedural Codes1 / High Volume Growth3	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> October 2019	<b>Tab</b> 17	<b>Specialty Developing Recommendation:</b> ASTRO, ACR	<b>First Identified:</b> October 2010	<b>2019 est Medicare Utilization:</b> 2,401,373	<b>2007 Work RVU:</b> 0.85 <b>2007 NF PE RVU:</b> 3.53 <b>2007 Fac PE RVU</b> NA <b>2020 Work RVU:</b> 0.85 <b>2020 NF PE RVU:</b> 2.56 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> Referred to CPT, but CMS has not addressed. RAW review action plan (Oct 2021).			<b>Referred to CPT</b>		<b>Result:</b>
			<b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>

<b>77031</b>	Stereotactic localization guidance for breast biopsy or needle placement (eg, for wire localization or for injection), each lesion, radiological supervision and interpretation	<b>Global:</b>	<b>Issue:</b> Breast Biopsy	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab</b> 04	<b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> January 2012	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> 1.59 <b>2007 NF PE RVU:</b> 6.19 <b>2007 Fac PE RVU</b> NA <b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> October 2012		<b>Result:</b> Deleted from CPT
			<b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>

<b>77032</b>	Mammographic guidance for needle placement, breast (eg, for wire localization or for injection), each lesion, radiological supervision and interpretation	<b>Global:</b>	<b>Issue:</b> Breast Biopsy	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab</b> 04	<b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> January 2012	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> 0.56 <b>2007 NF PE RVU:</b> 1.26 <b>2007 Fac PE RVU</b> NA <b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> October 2012		<b>Result:</b> Deleted from CPT
			<b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>

## Status Report: CMS Requests and Relativity Assessment Issues

77046 Magnetic resonance imaging, breast, without contrast material; unilateral				Global: XXX	Issue: Breast MRI with Computer-Aided Detection	Screen: CMS High Expenditure Procedural Codes2	Complete? Yes
Most Recent RUC Meeting: October 2017	Tab 06	Specialty Developing Recommendation:	ACR	First Identified: June 2017	2019 est Medicare Utilization: 367	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2020 Work RVU: 1.45 2020 NF PE RVU: 5.36 2020 Fac PE RVU:NA
RUC Recommendation: 1.45				Referred to CPT June 2017 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
<hr/>							
77047 Magnetic resonance imaging, breast, without contrast material; bilateral				Global: XXX	Issue: Breast MRI with Computer-Aided Detection	Screen: CMS High Expenditure Procedural Codes2	Complete? Yes
Most Recent RUC Meeting: October 2017	Tab 06	Specialty Developing Recommendation:	ACR	First Identified: June 2017	2019 est Medicare Utilization: 4,029	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2020 Work RVU: 1.60 2020 NF PE RVU: 5.39 2020 Fac PE RVU:NA
RUC Recommendation: 1.60				Referred to CPT June 2017 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
<hr/>							
77048 Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral				Global: XXX	Issue: Breast MRI with Computer-Aided Detection	Screen: CMS High Expenditure Procedural Codes2	Complete? Yes
Most Recent RUC Meeting: October 2017	Tab 06	Specialty Developing Recommendation:	ACR	First Identified: June 2017	2019 est Medicare Utilization: 1,164	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Increase	2020 Work RVU: 2.10 2020 NF PE RVU: 8.72 2020 Fac PE RVU:NA
RUC Recommendation: 2.10				Referred to CPT June 2017 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

# Status Report: CMS Requests and Relativity Assessment Issues

<b>77049</b>	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; bilateral	<b>Global:</b> XXX	<b>Issue:</b> Breast MRI with Computer-Aided Detection	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2017	<b>Tab</b> 06 <b>Specialty Developing Recommendation:</b> ACR	<b>First Identified:</b> June 2017	<b>2019 est Medicare Utilization:</b> 87,710	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Increase	<b>2020 Work RVU:</b> 2.30 <b>2020 NF PE RVU:</b> 8.76 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 2.30		<b>Referred to CPT</b> June 2017 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>77051</b>	Computer-aided detection (computer algorithm analysis of digital image data for lesion detection) with further review for interpretation, with or without digitization of film radiographic images; diagnostic mammography (List separately in addition to code for primary procedure)	<b>Global:</b>	<b>Issue:</b> Mammography-Computer Aided Detection Bundling	<b>Screen:</b> CMS-Other - Utilization over 250,000 / Final Rule for 2015	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 20 <b>Specialty Developing Recommendation:</b> ACR	<b>First Identified:</b>	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> 0.06 <b>2007 NF PE RVU:</b> 0.38 <b>2007 Fac PE RVU Result:</b> Deleted from CPT	<b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> October 2015 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>77052</b>	Computer-aided detection (computer algorithm analysis of digital image data for lesion detection) with further review for interpretation, with or without digitization of film radiographic images; screening mammography (List separately in addition to code for primary procedure)	<b>Global:</b>	<b>Issue:</b> Mammography-Computer Aided Detection Bundling	<b>Screen:</b> Low Value-High Volume	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 20 <b>Specialty Developing Recommendation:</b> ACR	<b>First Identified:</b> October 2010	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> 0.06 <b>2007 NF PE RVU:</b> 0.38 <b>2007 Fac PE RVU Result:</b> Deleted from CPT	<b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> October 2015 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

## Status Report: CMS Requests and Relativity Assessment Issues

**77055** Mammography; unilateral

**Global:**

**Issue:** Mammography-Computer Aided Detection Bundling

**Screen:** CMS-Other - Utilization over 250,000 / Final Rule for 2015

**Complete?** Yes

**Most Recent**  
**RUC Meeting:** January 2016

**Tab** 20

**Specialty Developing** ACR  
**Recommendation:**

**First Identified:** January 2014

**2019 est**  
**Medicare**  
**Utilization:**

**2007 Work RVU:** 0.70

**2020 Work RVU:**

**2007 NF PE RVU:** 1.34

**2020 NF PE RVU:**

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2015

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

**77056** Mammography; bilateral

**Global:**

**Issue:** Mammography-Computer Aided Detection Bundling

**Screen:** CMS-Other - Utilization over 250,000 / Final Rule for 2015

**Complete?** Yes

**Most Recent**  
**RUC Meeting:** January 2016

**Tab** 20

**Specialty Developing** ACR  
**Recommendation:**

**First Identified:** January 2014

**2019 est**  
**Medicare**  
**Utilization:**

**2007 Work RVU:** 0.87

**2020 Work RVU:**

**2007 NF PE RVU:** 1.68

**2020 NF PE RVU:**

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2015

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

**77057** Screening mammography, bilateral (2-view study of each breast)

**Global:**

**Issue:** Mammography-Computer Aided Detection Bundling

**Screen:** CMS-Other - Utilization over 250,000 / Final Rule for 2015

**Complete?** Yes

**Most Recent**  
**RUC Meeting:** January 2016

**Tab** 20

**Specialty Developing** ACR  
**Recommendation:**

**First Identified:** January 2014

**2019 est**  
**Medicare**  
**Utilization:**

**2007 Work RVU:** 0.70

**2020 Work RVU:**

**2007 NF PE RVU:** 1.43

**2020 NF PE RVU:**

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2015

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

# Status Report: CMS Requests and Relativity Assessment Issues

**77058** Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral **Global:** **Issue:** Breast MRI with Computer-Aided Detection **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent** **Tab** 06 **Specialty Developing** ACR **First** **2019 est** **2007 Work RVU:** 1.63 **2020 Work RVU:**  
**RUC Meeting:** October 2017 **Recommendation:** **Identified:** July 2015 **Medicare** **2007 NF PE RVU:** 18.76 **2020 NF PE RVU:**  
**Utilization:** **2007 Fac PE RVU** NA **2020 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT **Referred to CPT** June 2017 **Result:** Deleted from CPT  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**77059** Magnetic resonance imaging, breast, without and/or with contrast material(s); bilateral **Global:** **Issue:** Breast MRI with Computer-Aided Detection **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent** **Tab** 06 **Specialty Developing** ACR **First** **2019 est** **2007 Work RVU:** 1.63 **2020 Work RVU:**  
**RUC Meeting:** October 2017 **Recommendation:** **Identified:** July 2015 **Medicare** **2007 NF PE RVU:** 23.46 **2020 NF PE RVU:**  
**Utilization:** **2007 Fac PE RVU** NA **2020 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT **Referred to CPT** June 2017 **Result:** Deleted from CPT  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**77065** Diagnostic mammography, including computer-aided detection (CAD) when performed; unilateral **Global:** XXX **Issue:** Mammography-Computer Aided Detection Bundling **Screen:** Final Rule for 2015 **Complete?** Yes

**Most Recent** **Tab** 20 **Specialty Developing** ACR **First** **2019 est** **2007 Work RVU:** **2020 Work RVU:** 0.81  
**RUC Meeting:** January 2016 **Recommendation:** **Identified:** October 2015 **Medicare** **2007 NF PE RVU:** 2.91 **2020 NF PE RVU:**  
**Utilization:** 765,901 **2007 Fac PE RVU** NA **2020 Fac PE RVU:** NA

**RUC Recommendation:** 0.81 **Referred to CPT** October 2015 **Result:** Increase  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**77066** Diagnostic mammography, including computer-aided detection (CAD) when performed; bilateral **Global:** XXX **Issue:** Mammography-Computer Aided Detection Bundling **Screen:** Final Rule for 2015 **Complete?** Yes

**Most Recent** **Tab** 20 **Specialty Developing** ACR **First** **2019 est** **2007 Work RVU:** **2020 Work RVU:** 1.00  
**RUC Meeting:** January 2016 **Recommendation:** **Identified:** October 2015 **Medicare** **2007 NF PE RVU:** 3.70 **2020 NF PE RVU:**  
**Utilization:** 612,243 **2007 Fac PE RVU** NA **2020 Fac PE RVU:** NA

**RUC Recommendation:** 1.00 **Referred to CPT** October 2015 **Result:** Increase  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**77067** Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (CAD) when performed **Global:** XXX **Issue:** Mammography-Computer Aided Detection Bundling **Screen:** Final Rule for 2015 **Complete?** Yes

**Most Recent RUC Meeting:** January 2016 **Tab** 20 **Specialty Developing Recommendation:** ACR **First Identified:** October 2015 **2019 est Medicare Utilization:** 6,106,768 **2007 Work RVU:** **2020 Work RVU:** 0.76 **2007 NF PE RVU:** **2020 NF PE RVU:** 3.04 **2007 Fac PE RVU** **2020 Fac PE RVU:** NA **Result:** Maintain

**RUC Recommendation:** 0.76 **Referred to CPT** October 2015 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**77073** Bone length studies (orthoroentgenogram, scanogram) **Global:** XXX **Issue:** X-Ray Exam - Bone **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** April 2018 **Tab** 25 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2017 **2019 est Medicare Utilization:** 57,827 **2007 Work RVU:** 0.27 **2020 Work RVU:** 0.26 **2007 NF PE RVU:** 0.81 **2020 NF PE RVU:** 0.95 **2007 Fac PE RVU** NA **2020 Fac PE RVU:** NA **Result:** Decrease

**RUC Recommendation:** 0.26 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**77074** Radiologic examination, osseous survey; limited (eg, for metastases) **Global:** XXX **Issue:** X-Ray Exam - Bone **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** April 2018 **Tab** 25 **Specialty Developing Recommendation:** ACR **First Identified:** October 2017 **2019 est Medicare Utilization:** 4,891 **2007 Work RVU:** 0.45 **2020 Work RVU:** 0.44 **2007 NF PE RVU:** 1.2 **2020 NF PE RVU:** 1.31 **2007 Fac PE RVU** NA **2020 Fac PE RVU:** NA **Result:** Decrease

**RUC Recommendation:** 0.44 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**77075** Radiologic examination, osseous survey; complete (axial and appendicular skeleton) **Global:** XXX **Issue:** X-Ray Exam - Bone **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** April 2018 **Tab** 25 **Specialty Developing Recommendation:** ACR **First Identified:** October 2017 **2019 est Medicare Utilization:** 44,120 **2007 Work RVU:** 0.54 **2020 Work RVU:** 0.55 **2007 NF PE RVU:** 1.76 **2020 NF PE RVU:** 2.09 **2007 Fac PE RVU** NA **2020 Fac PE RVU:** NA **Result:** Increase

**RUC Recommendation:** 0.55 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**77076 Radiologic examination, osseous survey, infant** **Global:** XXX **Issue:** X-Ray Exam - Bone **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** April 2018 **Tab** 25 **Specialty Developing Recommendation:** ACR **First Identified:** October 2017 **2019 est Medicare Utilization:** 50 **2007 Work RVU:** 0.70 **2020 Work RVU:** 0.70 **2007 NF PE RVU:** 1.2 **2020 NF PE RVU:** 2.16 **2007 Fac PE RVU:** NA **2020 Fac PE RVU:** NA **Result:** Maintain

**RUC Recommendation:** 0.70

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

**77077 Joint survey, single view, 2 or more joints (specify)** **Global:** XXX **Issue:** X-Ray Exam - Bone **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** April 2018 **Tab** 25 **Specialty Developing Recommendation:** ACR **First Identified:** October 2017 **2019 est Medicare Utilization:** 39,322 **2007 Work RVU:** 0.31 **2020 Work RVU:** 0.33 **2007 NF PE RVU:** 1.07 **2020 NF PE RVU:** 0.93 **2007 Fac PE RVU:** NA **2020 Fac PE RVU:** NA **Result:** Increase

**RUC Recommendation:** 0.33

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

**77079 Computed tomography, bone mineral density study, 1 or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel)** **Global:** **Issue:** CT Bone Density Study **Screen:** Different Performing Specialty from Survey **Complete?** Yes

**Most Recent RUC Meeting:** February 2010 **Tab** 31 **Specialty Developing Recommendation:** ACR, AAFP, ACP **First Identified:** October 2009 **2019 est Medicare Utilization:** **2007 Work RVU:** 0.22 **2020 Work RVU:** **2007 NF PE RVU:** 2.45 **2020 NF PE RVU:** **2007 Fac PE RVU:** NA **2020 Fac PE RVU:** **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2010  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**



# Status Report: CMS Requests and Relativity Assessment Issues

<b>77080</b>	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)	<b>Global:</b> XXX	<b>Issue:</b> Dual Energy X-Ray	<b>Screen:</b> CMS Request - Final Rule for 2012 / Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2013	<b>Tab 07</b>	<b>Specialty Developing Recommendation:</b> AACE, ACNM, ACR, ACRh, SNMMI, TES	<b>First Identified:</b> September 2011	<b>2019 est Medicare Utilization:</b> 2,624,321	<b>2007 Work RVU:</b> 0.20 <b>2007 NF PE RVU:</b> 2.59 <b>2007 Fac PE RVU</b> NA <b>2020 Work RVU:</b> 0.20 <b>2020 NF PE RVU:</b> 0.89 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.20			<b>Referred to CPT</b> May 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Maintain
<b>77081</b>	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel)	<b>Global:</b> XXX	<b>Issue:</b> Dual-energy X-Ray Absorptiometry (DXA)	<b>Screen:</b> Negative IWPUT	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2018	<b>Tab 25</b>	<b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> April 2017	<b>2019 est Medicare Utilization:</b> 42,987	<b>2007 Work RVU:</b> 0.22 <b>2007 NF PE RVU:</b> 0.8 <b>2007 Fac PE RVU</b> NA <b>2020 Work RVU:</b> 0.20 <b>2020 NF PE RVU:</b> 0.69 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.20			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease
<b>77082</b>	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; vertebral fracture assessment	<b>Global:</b>	<b>Issue:</b> Dual Energy X-Ray	<b>Screen:</b> CMS Request - Final Rule for 2012 / Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2013	<b>Tab 07</b>	<b>Specialty Developing Recommendation:</b> AACE, ACNM, ACR, ACRh, SNMMI, TES	<b>First Identified:</b> September 2011	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> 0.17 <b>2007 NF PE RVU:</b> 0.71 <b>2007 Fac PE RVU</b> NA <b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> May 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Deleted from CPT

# Status Report: CMS Requests and Relativity Assessment Issues

**77083 Radiographic absorptiometry (eg, photodensitometry, radiogrammetry), 1 or more sites** **Global:** **Issue:** Radiographic Absorptiometry **Screen:** Different Performing Specialty from Survey **Complete?** Yes

**Most Recent RUC Meeting:** February 2010 **Tab 31** **Specialty Developing Recommendation:** ACR, ACP **First Identified:** October 2009 **2019 est Medicare Utilization:** **2007 Work RVU:** 0.20 **2020 Work RVU:** **2007 NF PE RVU:** 0.71 **2020 NF PE RVU:** **2007 Fac PE RVU:** NA **2020 Fac PE RVU:** **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** October 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**77085 Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine), including vertebral fracture assessment** **Global:** XXX **Issue:** Dual Energy X-Ray **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** October 2013 **Tab 07** **Specialty Developing Recommendation:** AACE, ACNM, ACR, ACRh, SNMMI, TES **First Identified:** **2019 est Medicare Utilization:** 110,730 **2007 Work RVU:** **2020 Work RVU:** 0.30 **2007 NF PE RVU:** **2020 NF PE RVU:** 1.18 **2007 Fac PE RVU:** **2020 Fac PE RVU:** NA

**RUC Recommendation:** 0.30 **Referred to CPT** May 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

**77086 Vertebral fracture assessment via dual-energy X-ray absorptiometry (DXA)** **Global:** XXX **Issue:** Dual Energy X-Ray **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** October 2013 **Tab 07** **Specialty Developing Recommendation:** AACE, ACNM, ACR, ACRh, SNMMI, TES **First Identified:** **2019 est Medicare Utilization:** 1,925 **2007 Work RVU:** **2020 Work RVU:** 0.17 **2007 NF PE RVU:** **2020 NF PE RVU:** 0.78 **2007 Fac PE RVU:** **2020 Fac PE RVU:** NA

**RUC Recommendation:** 0.17 **Referred to CPT** May 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

## Status Report: CMS Requests and Relativity Assessment Issues

### 77261 Therapeutic radiology treatment planning; simple

Global: XXX

Issue: Radiation Therapy Planning

Screen: CMS High Expenditure  
Procedural Codes2

Complete? Yes

Most Recent  
RUC Meeting: April 2016

Tab 37 Specialty Developing  
Recommendation: ASTRO

First  
Identified: July 2015

2019 est  
Medicare  
Utilization: 9,135

2007 Work RVU: 1.39

2020 Work RVU: 1.30

2007 NF PE RVU: 0.51

2020 NF PE RVU: 0.65

2007 Fac PE RVU 0.51

2020 Fac PE RVU:0.65

Result: Decrease

RUC Recommendation: 1.30

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

### 77262 Therapeutic radiology treatment planning; intermediate

Global: XXX

Issue: Radiation Therapy Planning

Screen: CMS High Expenditure  
Procedural Codes2

Complete? Yes

Most Recent  
RUC Meeting: April 2016

Tab 37 Specialty Developing  
Recommendation: ASTRO

First  
Identified: July 2015

2019 est  
Medicare  
Utilization: 3,526

2007 Work RVU: 2.11

2020 Work RVU: 2.00

2007 NF PE RVU: 0.74

2020 NF PE RVU: 0.96

2007 Fac PE RVU 0.74

2020 Fac PE RVU:0.96

Result: Decrease

RUC Recommendation: 2.00

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

### 77263 Therapeutic radiology treatment planning; complex

Global: XXX

Issue: Radiation Therapy Planning

Screen: CMS High Expenditure  
Procedural Codes2

Complete? Yes

Most Recent  
RUC Meeting: April 2016

Tab 37 Specialty Developing  
Recommendation: ASTRO

First  
Identified: July 2015

2019 est  
Medicare  
Utilization: 297,484

2007 Work RVU: 3.14

2020 Work RVU: 3.14

2007 NF PE RVU: 1.1

2020 NF PE RVU: 1.46

2007 Fac PE RVU 1.1

2020 Fac PE RVU:1.46

Result: Maintain

RUC Recommendation: 3.14

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

# Status Report: CMS Requests and Relativity Assessment Issues

**77280** Therapeutic radiology simulation-aided field setting; simple **Global:** XXX **Issue:** Set Radiation Therapy Field **Screen:** Harvard Valued - Utilization over 30,000 / Services with Stand-Alone PE Procedure Time **Complete?** Yes

**Most Recent RUC Meeting:** January 2013 **Tab** 14 **Specialty Developing Recommendation:** ASTRO **First Identified:** April 2011 **2019 est Medicare Utilization:** 370,105 **2007 Work RVU:** 0.70 **2020 Work RVU:** 0.70 **2007 NF PE RVU:** 3.89 **2020 NF PE RVU:** 7.11 **2007 Fac PE RVU:** NA **2020 Fac PE RVU:** NA **Result:** Maintain

**RUC Recommendation:** 0.70 **Referred to CPT** October 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**77285** Therapeutic radiology simulation-aided field setting; intermediate **Global:** XXX **Issue:** Respiratory Motion Management Simulation **Screen:** Harvard Valued - Utilization over 30,000 / Services with Stand-Alone PE Procedure Time **Complete?** Yes

**Most Recent RUC Meeting:** January 2013 **Tab** 14 **Specialty Developing Recommendation:** ASTRO **First Identified:** September 2011 **2019 est Medicare Utilization:** 4,612 **2007 Work RVU:** 1.05 **2020 Work RVU:** 1.05 **2007 NF PE RVU:** 6.45 **2020 NF PE RVU:** 12.03 **2007 Fac PE RVU:** NA **2020 Fac PE RVU:** NA **Result:** Maintain

**RUC Recommendation:** 1.05 **Referred to CPT** October 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**77290** Therapeutic radiology simulation-aided field setting; complex **Global:** XXX **Issue:** Respiratory Motion Management Simulation **Screen:** MPC List / Harvard Valued - Utilization over 30,000 / Services with Stand-Alone PE Procedure Time **Complete?** Yes

**Most Recent RUC Meeting:** January 2013 **Tab** 14 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2010 **2019 est Medicare Utilization:** 210,211 **2007 Work RVU:** 1.56 **2020 Work RVU:** 1.56 **2007 NF PE RVU:** 8.63 **2020 NF PE RVU:** 12.44 **2007 Fac PE RVU:** NA **2020 Fac PE RVU:** NA **Result:** Maintain

**RUC Recommendation:** 1.56 **Referred to CPT** October 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

**77293** Respiratory motion management simulation (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Respiratory Motion Management Simulation **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** January 2013

**Tab 14 Specialty Developing Recommendation:** ASTRO

**First Identified:**

**2019 est Medicare Utilization:** 31,536

**2007 Work RVU:**  
**2007 NF PE RVU:**  
**2007 Fac PE RVU**  
**Result:** Decrease

**2020 Work RVU:** 2.00  
**2020 NF PE RVU:** 10.65  
**2020 Fac PE RVU:** NA

**RUC Recommendation:** 2.00

**Referred to CPT** October 2012

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

**77295** 3-dimensional radiotherapy plan, including dose-volume histograms **Global:** XXX **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** January 2013

**Tab 14 Specialty Developing Recommendation:** ASTRO

**First Identified:** September 2011

**2019 est Medicare Utilization:** 142,124

**2007 Work RVU:** 4.56  
**2007 NF PE RVU:** 23.92  
**2007 Fac PE RVU** NA  
**Result:** Decrease

**2020 Work RVU:** 4.29  
**2020 NF PE RVU:** 9.30  
**2020 Fac PE RVU:** NA

**RUC Recommendation:** 4.29

**Referred to CPT** October 2012, October 2014

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

**77300** Basic radiation dosimetry calculation, central axis depth dose calculation, TDF, NSD, gap calculation, off axis factor, tissue inhomogeneity factors, calculation of non-ionizing radiation surface and depth dose, as required during course of treatment, only when prescribed by the treating physician **Global:** XXX **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** MPC List / Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab 20 Specialty Developing Recommendation:** ASTRO

**First Identified:** October 2010

**2019 est Medicare Utilization:** 1,349,820

**2007 Work RVU:** 0.62  
**2007 NF PE RVU:** 1.45  
**2007 Fac PE RVU** NA  
**Result:** Maintain

**2020 Work RVU:** 0.62  
**2020 NF PE RVU:** 1.23  
**2020 Fac PE RVU:** NA

**RUC Recommendation:** 0.62

**Referred to CPT** February 2014, October 2014

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

# Status Report: CMS Requests and Relativity Assessment Issues

<b>77301</b>	Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications	<b>Global:</b> XXX	<b>Issue:</b> IMRT - PE Only	<b>Screen:</b> CMS Fastest Growing / CMS Request - Practice Expense Review / CMS High Expenditure Procedural Codes1 / Services with Stand-Alone PE Procedure Time	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab</b> 28 <b>Specialty Developing Recommendation:</b> ASTRO	<b>First Identified:</b> October 2008	<b>2019 est Medicare Utilization:</b> 143,270	<b>2007 Work RVU:</b> 7.99 <b>2007 NF PE RVU:</b> 37.25 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Maintain	<b>2020 Work RVU:</b> 7.99 <b>2020 NF PE RVU:</b> 45.46 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> New PE Inputs. 7.99. CPT Assistant article published.		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>		<b>Published in CPT Asst:</b> Nov 2009	
<b>77305</b>	Teletherapy, isodose plan (whether hand or computer calculated); simple (1 or 2 parallel opposed unmodified ports directed to a single area of interest)	<b>Global:</b>	<b>Issue:</b> Isodose Calculation with Isodose Planning Bundle	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 20 <b>Specialty Developing Recommendation:</b> ASTRO	<b>First Identified:</b> October 2010	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> 0.70 <b>2007 NF PE RVU:</b> 1.79 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Deleted from CPT	<b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> February 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>	
<b>77306</b>	Teletherapy isodose plan; simple (1 or 2 unmodified ports directed to a single area of interest), includes basic dosimetry calculation(s)	<b>Global:</b> XXX	<b>Issue:</b> Isodose Calculation with Isodose Planning Bundle	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 20 <b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> October 2010	<b>2019 est Medicare Utilization:</b> 2,027	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU</b> <b>Result:</b> Decrease	<b>2020 Work RVU:</b> 1.40 <b>2020 NF PE RVU:</b> 2.76 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 1.40		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>	

# Status Report: CMS Requests and Relativity Assessment Issues

**77307** Teletherapy isodose plan; complex (multiple treatment areas, tangential ports, the use of wedges, blocking, rotational beam, or special beam considerations), includes basic dosimetry calculation(s) **Global:** XXX **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab** 20

**Specialty Developing Recommendation:**

**First Identified:** October 2010

**2019 est Medicare Utilization:** 40,701

**2007 Work RVU:**  
**2007 NF PE RVU:**  
**2007 Fac PE RVU Result:** Decrease

**2020 Work RVU:** 2.90  
**2020 NF PE RVU:** 5.14  
**2020 Fac PE RVU:** NA

**RUC Recommendation:** 2.90

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

**77310** Teletherapy, isodose plan (whether hand or computer calculated); intermediate (3 or more treatment ports directed to a single area of interest) **Global:** **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab** 20

**Specialty Developing Recommendation:** ASTRO

**First Identified:** October 2010

**2019 est Medicare Utilization:**

**2007 Work RVU:** 1.05  
**2007 NF PE RVU:** 2.32  
**2007 Fac PE RVU** NA  
**Result:** Deleted from CPT

**2020 Work RVU:**  
**2020 NF PE RVU:**  
**2020 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2014  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**77315** Teletherapy, isodose plan (whether hand or computer calculated); complex (mantle or inverted Y, tangential ports, the use of wedges, compensators, complex blocking, rotational beam, or special beam considerations) **Global:** **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab** 20

**Specialty Developing Recommendation:** ASTRO

**First Identified:** October 2010

**2019 est Medicare Utilization:**

**2007 Work RVU:** 1.56  
**2007 NF PE RVU:** 2.9  
**2007 Fac PE RVU** NA  
**Result:** Deleted from CPT

**2020 Work RVU:**  
**2020 NF PE RVU:**  
**2020 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2014  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

**77316** Brachytherapy isodose plan; simple (calculation[s] made from 1 to 4 sources, or remote afterloading brachytherapy, 1 channel), includes basic dosimetry calculation(s) **Global:** XXX **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab** 20

**Specialty Developing Recommendation:**

**First Identified:** October 2012

**2019 est Medicare Utilization:** 4,610

**2007 Work RVU:**  
**2007 NF PE RVU:**  
**2007 Fac PE RVU Result:** Decrease

**2020 Work RVU:** 1.40  
**2020 NF PE RVU:** 4.67  
**2020 Fac PE RVU:** NA

**RUC Recommendation:** 1.50

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

**77317** Brachytherapy isodose plan; intermediate (calculation[s] made from 5 to 10 sources, or remote afterloading brachytherapy, 2-12 channels), includes basic dosimetry calculation(s) **Global:** XXX **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab** 20

**Specialty Developing Recommendation:**

**First Identified:** October 2012

**2019 est Medicare Utilization:** 3,179

**2007 Work RVU:**  
**2007 NF PE RVU:**  
**2007 Fac PE RVU Result:** Decrease

**2020 Work RVU:** 1.83  
**2020 NF PE RVU:** 6.13  
**2020 Fac PE RVU:** NA

**RUC Recommendation:** 1.83

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

**77318** Brachytherapy isodose plan; complex (calculation[s] made from over 10 sources, or remote afterloading brachytherapy, over 12 channels), includes basic dosimetry calculation(s) **Global:** XXX **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 / RUC Request **Complete?** Yes

**Most Recent RUC Meeting:** October 2015

**Tab** 21

**Specialty Developing Recommendation:**

**First Identified:** October 2012

**2019 est Medicare Utilization:** 5,949

**2007 Work RVU:**  
**2007 NF PE RVU:**  
**2007 Fac PE RVU Result:** Decrease

**2020 Work RVU:** 2.90  
**2020 NF PE RVU:** 8.48  
**2020 Fac PE RVU:** NA

**RUC Recommendation:** 2.90

**Referred to CPT** February 2014  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**



# Status Report: CMS Requests and Relativity Assessment Issues

**77326** Brachytherapy isodose plan; simple (calculation made from single plane, 1 to 4 sources/ribbon application, remote afterloading brachytherapy, 1 to 8 sources) **Global:** **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab** 20

**Specialty Developing Recommendation:**

**First Identified:** October 2012

**2019 est Medicare Utilization:**

**2007 Work RVU:** 0.93

**2020 Work RVU:**

**2007 NF PE RVU:** 2.75

**2020 NF PE RVU:**

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2014

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

**77327** Brachytherapy isodose plan; intermediate (multiplane dosage calculations, application involving 5 to 10 sources/ribbons, remote afterloading brachytherapy, 9 to 12 sources)

**Global:**

**Issue:** Isodose Calculation with Isodose Planning Bundle

**Screen:** Codes Reported Together 75% or More-Part2

**Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab** 20

**Specialty Developing Recommendation:** ASTRO

**First Identified:** October 2010

**2019 est Medicare Utilization:**

**2007 Work RVU:** 1.39

**2020 Work RVU:**

**2007 NF PE RVU:** 3.97

**2020 NF PE RVU:**

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2014

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

**77328** Brachytherapy isodose plan; complex (multiplane isodose plan, volume implant calculations, over 10 sources/ribbons used, special spatial reconstruction, remote afterloading brachytherapy, over 12 sources)

**Global:**

**Issue:** Isodose Calculation with Isodose Planning Bundle

**Screen:** Codes Reported Together 75% or More-Part2

**Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab** 20

**Specialty Developing Recommendation:**

**First Identified:** October 2012

**2019 est Medicare Utilization:**

**2007 Work RVU:** 2.09

**2020 Work RVU:**

**2007 NF PE RVU:** 5.54

**2020 NF PE RVU:**

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2014

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

## Status Report: CMS Requests and Relativity Assessment Issues

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<b>77332</b>	Treatment devices, design and construction; simple (simple block, simple bolus)	<b>Global:</b> XXX	<b>Issue:</b> RAW	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 40	<b>Specialty Developing Recommendation:</b> ASTRO	<b>First Identified:</b> April 2015	<b>2019 est Medicare Utilization:</b> 75,801	<b>2007 Work RVU:</b> 0.54 <b>2020 Work RVU:</b> 0.45 <b>2007 NF PE RVU:</b> 1.53 <b>2020 NF PE RVU:</b> 0.86 <b>2007 Fac PE RVU:</b> NA <b>2020 Fac PE RVU:</b> NA <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 0.54			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	

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<b>77333</b>	Treatment devices, design and construction; intermediate (multiple blocks, stents, bite blocks, special bolus)	<b>Global:</b> XXX	<b>Issue:</b> RAW	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 40	<b>Specialty Developing Recommendation:</b> ASTRO	<b>First Identified:</b> April 2015	<b>2019 est Medicare Utilization:</b> 12,128	<b>2007 Work RVU:</b> 0.84 <b>2020 Work RVU:</b> 0.75 <b>2007 NF PE RVU:</b> 1.75 <b>2020 NF PE RVU:</b> 2.62 <b>2007 Fac PE RVU:</b> NA <b>2020 Fac PE RVU:</b> NA <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 0.84			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	

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<b>77334</b>	Treatment devices, design and construction; complex (irregular blocks, special shields, compensators, wedges, molds or casts)	<b>Global:</b> XXX	<b>Issue:</b>	<b>Screen:</b> MPC List / RUC request / CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 40	<b>Specialty Developing Recommendation:</b> ASTRO	<b>First Identified:</b> October 2010	<b>2019 est Medicare Utilization:</b> 845,243	<b>2007 Work RVU:</b> 1.24 <b>2020 Work RVU:</b> 1.15 <b>2007 NF PE RVU:</b> 3.43 <b>2020 NF PE RVU:</b> 2.40 <b>2007 Fac PE RVU:</b> NA <b>2020 Fac PE RVU:</b> NA <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 1.24			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	

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## Status Report: CMS Requests and Relativity Assessment Issues

<b>77336</b>	Continuing medical physics consultation, including assessment of treatment parameters, quality assurance of dose delivery, and review of patient treatment documentation in support of the radiation oncologist, reported per week of therapy	<b>Global:</b> XXX	<b>Issue:</b> Continuing Medical Physics Consultation-PE Only	<b>Screen:</b> CMS Request - Final Rule for 2013	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab</b> 31 <b>Specialty Developing Recommendation:</b> ASTRO	<b>First Identified:</b> October 2012	<b>2019 est Medicare Utilization:</b> 412,038	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> 2.52 <b>2007 Fac PE RVU</b> NA <b>Result:</b> PE Only	<b>2020 Work RVU:</b> 0.00 <b>2020 NF PE RVU:</b> 2.19 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> New PE Inputs		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>77338</b>	Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan	<b>Global:</b> XXX	<b>Issue:</b> IMRT - PE Only	<b>Screen:</b> Services with Stand-Alone PE Procedure Time	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab</b> 28 <b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> October 2012	<b>2019 est Medicare Utilization:</b> 165,179	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU</b> <b>Result:</b> PE Only	<b>2020 Work RVU:</b> 4.29 <b>2020 NF PE RVU:</b> 9.26 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> New PE Inputs		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>77371</b>	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multi-source Cobalt 60 based	<b>Global:</b> XXX	<b>Issue:</b> Radiation Treatment Delivery, Stereotactic Radiosurgery	<b>Screen:</b> CMS Request - Practice Expense Review	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2009	<b>Tab</b> 30 <b>Specialty Developing Recommendation:</b> ASTRO	<b>First Identified:</b> NA	<b>2019 est Medicare Utilization:</b> 100	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> 30.25 <b>2007 Fac PE RVU</b> NA <b>Result:</b> PE Only	<b>2020 Work RVU:</b> 0.00 <b>2020 NF PE RVU:</b> 0.00 <b>2020 Fac PE RVU:</b> 0.00
<b>RUC Recommendation:</b> New PE inputs		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

# Status Report: CMS Requests and Relativity Assessment Issues

<b>77372</b>	<b>Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based</b>	<b>Global:</b> XXX	<b>Issue:</b> Radiation Treatment Delivery - PE Only	<b>Screen:</b> Services with Stand-Alone PE Procedure Time	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2013	<b>Tab 18</b>	<b>Specialty Developing Recommendation:</b>	<b>First Identified:</b>	<b>2019 est Medicare Utilization:</b> 818	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> 22.93 <b>2007 Fac PE RVU</b> NA <b>Result:</b> PE Only <b>2020 Work RVU:</b> 0.00 <b>2020 NF PE RVU:</b> 29.48 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> New PE Inputs			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
<hr/>					
<b>77373</b>	<b>Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions</b>	<b>Global:</b> XXX	<b>Issue:</b> Radiation Treatment Delivery - PE Only	<b>Screen:</b> Services with Stand-Alone PE Procedure Time	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2013	<b>Tab 18</b>	<b>Specialty Developing Recommendation:</b> ACR, ASTRO, ACRO	<b>First Identified:</b> July 2012	<b>2019 est Medicare Utilization:</b> 33,144	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> 42.87 <b>2007 Fac PE RVU</b> NA <b>Result:</b> PE Only <b>2020 Work RVU:</b> 0.00 <b>2020 NF PE RVU:</b> 33.91 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> New PE inputs			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
<hr/>					
<b>77385</b>	<b>Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; simple</b>	<b>Global:</b> XXX	<b>Issue:</b> Radiation Treatment Delivery - PE Only	<b>Screen:</b> Services with Stand-Alone PE Procedure Time	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2014	<b>Tab 14</b>	<b>Specialty Developing Recommendation:</b> ACRO, ASTRO	<b>First Identified:</b> January 2014	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU</b> <b>Result:</b> PE Only <b>2020 Work RVU:</b> 0.00 <b>2020 NF PE RVU:</b> 0.00 <b>2020 Fac PE RVU:</b> 0.00
<b>RUC Recommendation:</b> PE Only, revised introductory guidelines			<b>Referred to CPT</b> October 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	

# Status Report: CMS Requests and Relativity Assessment Issues

**77386** Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; complex **Global:** XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

**Most Recent RUC Meeting:** January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** January 2014 **2019 est Medicare Utilization:** **2007 Work RVU:** **2020 Work RVU:** 0.00 **2007 NF PE RVU:** **2020 NF PE RVU:** 0.00 **2007 Fac PE RVU Result:** PE Only **2020 Fac PE RVU:**0.00  
**RUC Recommendation:** PE Only, revised introductory guidelines **Referred to CPT** October 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**77387** Guidance for localization of target volume for delivery of radiation treatment, includes intrafraction tracking, when performed **Global:** XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

**Most Recent RUC Meeting:** January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** January 2014 **2019 est Medicare Utilization:** **2007 Work RVU:** **2020 Work RVU:** 0.00 **2007 NF PE RVU:** **2020 NF PE RVU:** 0.00 **2007 Fac PE RVU Result:** Decrease **2020 Fac PE RVU:**0.00  
**RUC Recommendation:** 0.58 **Referred to CPT** October 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**77401** Radiation treatment delivery, superficial and/or ortho voltage, per day **Global:** XXX **Issue:** Radiation Treatment Delivery (PE Only) **Screen:** High Volume Growth5 **Complete?** Yes

**Most Recent RUC Meeting:** January 2020 **Tab** 31 **Specialty Developing Recommendation:** **First Identified:** October 2018 **2019 est Medicare Utilization:** 221,049 **2007 Work RVU:** 0.00 **2020 Work RVU:** 0.00 **2007 NF PE RVU:** 1.45 **2020 NF PE RVU:** 0.68 **2007 Fac PE RVU NA** **2020 Fac PE RVU:**NA **Result:** PE Only  
**RUC Recommendation:** New PE Inputs **Referred to CPT** May 2019 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**77402** Radiation treatment delivery, >=1 MeV; simple **Global:** XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

**Most Recent** **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO  
**RUC Meeting:** January 2014

**First Identified:** October 2012

**2019 est Medicare Utilization:**

**2007 Work RVU:** 0.00 **2020 Work RVU:** 0.00  
**2007 NF PE RVU:** 2.37 **2020 NF PE RVU:** 0.00  
**2007 Fac PE RVU** NA **2020 Fac PE RVU:**0.00  
**Result:** PE Only

**RUC Recommendation:** PE Only, revised introductory guidelines

**Referred to CPT** October 2013 and February 2014

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

**77403** Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 6-10 MeV

**Global:**

**Issue:** Radiation Treatment Delivery - PE Only

**Screen:** Services with Stand-Alone PE Procedure Time

**Complete?** Yes

**Most Recent** **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO  
**RUC Meeting:** January 2014

**First Identified:** October 2012

**2019 est Medicare Utilization:**

**2007 Work RVU:** 0.00 **2020 Work RVU:**  
**2007 NF PE RVU:** 2.27 **2020 NF PE RVU:**  
**2007 Fac PE RVU** NA **2020 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2013

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

**77404** Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 11-19 MeV

**Global:**

**Issue:** Radiation Treatment Delivery - PE Only

**Screen:** Services with Stand-Alone PE Procedure Time

**Complete?** Yes

**Most Recent** **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO  
**RUC Meeting:** January 2014

**First Identified:** October 2012

**2019 est Medicare Utilization:**

**2007 Work RVU:** 0.00 **2020 Work RVU:**  
**2007 NF PE RVU:** 2.38 **2020 NF PE RVU:**  
**2007 Fac PE RVU** NA **2020 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2013

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

# Status Report: CMS Requests and Relativity Assessment Issues

**77406** Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 20 MeV or greater **Global:** **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

**Most Recent RUC Meeting:** January 2014

**Tab** 14

**Specialty Developing Recommendation:** ACRO, ASTRO

**First Identified:** October 2012

**2019 est Medicare Utilization:**

**2007 Work RVU:** 0.00

**2020 Work RVU:**

**2007 NF PE RVU:** 2.38

**2020 NF PE RVU:**

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2013

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

**77407** Radiation treatment delivery, >=1 MeV; intermediate

**Global:** XXX

**Issue:** Radiation Treatment Delivery - PE Only

**Screen:** Services with Stand-Alone PE Procedure Time

**Complete?** Yes

**Most Recent RUC Meeting:** January 2014

**Tab** 14

**Specialty Developing Recommendation:** ACRO, ASTRO

**First Identified:** October 2012

**2019 est Medicare Utilization:**

**2007 Work RVU:** 0.00

**2020 Work RVU:** 0.00

**2007 NF PE RVU:** 2.93

**2020 NF PE RVU:** 0.00

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:** 0.00

**Result:** PE Only

**RUC Recommendation:** PE Only, revised introductory guidelines

**Referred to CPT** October 2013

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

**77408** Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks; 6-10 MeV

**Global:**

**Issue:** Radiation Treatment Delivery - PE Only

**Screen:** Services with Stand-Alone PE Procedure Time

**Complete?** Yes

**Most Recent RUC Meeting:** January 2014

**Tab** 14

**Specialty Developing Recommendation:** ACRO, ASTRO

**First Identified:** October 2012

**2019 est Medicare Utilization:**

**2007 Work RVU:** 0.00

**2020 Work RVU:**

**2007 NF PE RVU:** 2.87

**2020 NF PE RVU:**

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2013

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

# Status Report: CMS Requests and Relativity Assessment Issues

**77409** Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks; 11-19 MeV **Global:** **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

**Most Recent RUC Meeting:** January 2014

**Tab** 14

**Specialty Developing Recommendation:** ACRO, ASTRO

**First Identified:** October 2012

**2019 est Medicare Utilization:**

**2007 Work RVU:** 0.00

**2020 Work RVU:**

**2007 NF PE RVU:** 3.02

**2020 NF PE RVU:**

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2013

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

**77411** Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks; 20 MeV or greater **Global:** **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

**Most Recent RUC Meeting:** January 2014

**Tab** 14

**Specialty Developing Recommendation:** ACRO, ASTRO

**First Identified:** October 2012

**2019 est Medicare Utilization:**

**2007 Work RVU:** 0.00

**2020 Work RVU:**

**2007 NF PE RVU:** 3.01

**2020 NF PE RVU:**

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2013

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

**77412** Radiation treatment delivery, >=1 MeV; complex **Global:** XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

**Most Recent RUC Meeting:** January 2014

**Tab** 14

**Specialty Developing Recommendation:** ACRO, ASTRO

**First Identified:** October 2012

**2019 est Medicare Utilization:**

**2007 Work RVU:** 0.00

**2020 Work RVU:** 0.00

**2007 NF PE RVU:** 3.46

**2020 NF PE RVU:** 0.00

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:** 0.00

**Result:** PE Only

**RUC Recommendation:** PE Only, revised introductory guidelines

**Referred to CPT** October 2013

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



## Status Report: CMS Requests and Relativity Assessment Issues

**77413** Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 6-10 MeV **Global:** **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

**Most Recent RUC Meeting:** January 2014

**Tab** 14

**Specialty Developing Recommendation:** ACRO, ASTRO

**First Identified:** October 2012

**2019 est Medicare Utilization:**

**2007 Work RVU:** 0.00

**2020 Work RVU:**

**2007 NF PE RVU:** 3.46

**2020 NF PE RVU:**

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2013

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

**77414** Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 11-19 MeV

**Global:**

**Issue:** Radiation Treatment Delivery - PE Only

**Screen:** Services with Stand-Alone PE Procedure Time

**Complete?** Yes

**Most Recent RUC Meeting:** January 2014

**Tab** 14

**Specialty Developing Recommendation:** ACRO, ASTRO

**First Identified:** October 2012

**2019 est Medicare Utilization:**

**2007 Work RVU:** 0.00

**2020 Work RVU:**

**2007 NF PE RVU:** 3.68

**2020 NF PE RVU:**

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2013

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

**77416** Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20 MeV or greater

**Global:**

**Issue:** Radiation Treatment Delivery - PE Only

**Screen:** Services with Stand-Alone PE Procedure Time

**Complete?** Yes

**Most Recent RUC Meeting:** January 2014

**Tab** 14

**Specialty Developing Recommendation:** ACRO, ASTRO

**First Identified:** October 2012

**2019 est Medicare Utilization:**

**2007 Work RVU:** 0.00

**2020 Work RVU:**

**2007 NF PE RVU:** 3.68

**2020 NF PE RVU:**

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2013

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

# Status Report: CMS Requests and Relativity Assessment Issues

**77418** Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic MLC, per treatment session **Global:** **Issue:** Radiation Treatment Delivery - PE Only **Screen:** CMS Fastest Growing / Services with Stand-Alone PE Procedure Time / Codes Reported Together 75% or More-Part1 **Complete?** Yes

**Most Recent RUC Meeting:** January 2014

**Tab** 14

**Specialty Developing Recommendation:** ACRO, ASTRO

**First Identified:** October 2008

**2019 est Medicare Utilization:**

**2007 Work RVU:** 0.00

**2020 Work RVU:**

**2007 NF PE RVU:** 16.8

**2020 NF PE RVU:**

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2013

**Referred to CPT Asst** ☒

**Published in CPT Asst:** Nov 2009 and Q&A - Mar 2010

**Result:** Deleted from CPT

**77421** Stereoscopic X-ray guidance for localization of target volume for the delivery of radiation therapy **Global:**

**Issue:** Radiation Treatment Delivery - PE Only

**Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 / High Volume Growth2

**Complete?** Yes

**Most Recent RUC Meeting:** January 2014

**Tab** 14

**Specialty Developing Recommendation:** ACRO, ASTRO

**First Identified:** February 2010

**2019 est Medicare Utilization:**

**2007 Work RVU:** 0.39

**2020 Work RVU:**

**2007 NF PE RVU:** 3.11

**2020 NF PE RVU:**

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2013

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**Result:** Deleted from CPT

**77422** High energy neutron radiation treatment delivery; single treatment area using a single port or parallel-opposed ports with no blocks or simple blocking **Global:**

**Issue:** High Energy Neutron Radiation Treatment

**Screen:** CMS Request - Final Rule for 2015

**Complete?** Yes

**Most Recent RUC Meeting:** April 2015

**Tab** 35

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

**First Identified:** November 2014

**2019 est Medicare Utilization:**

**2007 Work RVU:** 0.00

**2020 Work RVU:**

**2007 NF PE RVU:** 4.58

**2020 NF PE RVU:**

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**

**RUC Recommendation:** Contractor Price

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**Result:** Maintain

# Status Report: CMS Requests and Relativity Assessment Issues

<b>77423</b>	High energy neutron radiation treatment delivery, 1 or more isocenter(s) with coplanar or non-coplanar geometry with blocking and/or wedge, and/or compensator(s)	<b>Global:</b> XXX	<b>Issue:</b> High Energy Neutron Radiation Treatment	<b>Screen:</b> CMS Request - Final Rule for 2015	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2015	<b>Tab</b> 35 <b>Specialty Developing Recommendation:</b> AAOS, ASPS, ASSH	<b>First Identified:</b> November 2014	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> 3.84 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Maintain	<b>2020 Work RVU:</b> 0.00 <b>2020 NF PE RVU:</b> 0.00 <b>2020 Fac PE RVU:</b> 0.00
<b>RUC Recommendation:</b> Contractor Price		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>					
<b>77427</b>	Radiation treatment management, 5 treatments	<b>Global:</b> XXX	<b>Issue:</b> Radiation Treatment Management	<b>Screen:</b> Site of Service Anomaly / High Level E/M in Global Period	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 54 <b>Specialty Developing Recommendation:</b> ASTRO	<b>First Identified:</b> September 2007	<b>2019 est Medicare Utilization:</b> 1,043,579	<b>2007 Work RVU:</b> 3.70 <b>2007 NF PE RVU:</b> 1.15 <b>2007 Fac PE RVU</b> 1.15 <b>Result:</b> Decrease	<b>2020 Work RVU:</b> 3.37 <b>2020 NF PE RVU:</b> 1.82 <b>2020 Fac PE RVU:</b> 1.82
<b>RUC Recommendation:</b> 3.45. Remove from high E/M screen.		<b>Referred to CPT</b> June 2009 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>					
<b>77435</b>	Stereotactic body radiation therapy, treatment management, per treatment course, to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	<b>Global:</b> XXX	<b>Issue:</b> RAW	<b>Screen:</b> High Volume Growth4	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab</b> 30 <b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> October 2016	<b>2019 est Medicare Utilization:</b> 38,142	<b>2007 Work RVU:</b> 13.00 <b>2007 NF PE RVU:</b> 4.63 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Remove from screen	<b>2020 Work RVU:</b> 11.87 <b>2020 NF PE RVU:</b> 5.64 <b>2020 Fac PE RVU:</b> 5.64
<b>RUC Recommendation:</b> Remove from screen		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

## Status Report: CMS Requests and Relativity Assessment Issues

**77470** Special treatment procedure (eg, total body irradiation, hemibody radiation, per Global: XXX Issue: Special Radiation Treatment Screen: CMS High Expenditure Procedural Codes2 Complete? Yes  
oral or endocavitary irradiation)

Most Recent Tab 41 Specialty Developing ASTRO  
RUC Meeting: January 2016 Recommendation:

First  
Identified: July 2015

2019 est  
Medicare  
Utilization: 91,885

2007 Work RVU: 2.09 2020 Work RVU: 2.03  
2007 NF PE RVU: 9.35 2020 NF PE RVU: 1.66  
2007 Fac PE RVU NA 2020 Fac PE RVU:NA  
Result: Decrease

RUC Recommendation: 2.03

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

**77520** Proton treatment delivery; simple, without compensation

Global: XXX

Issue: Proton Beam Treatment  
Delivery (PE Only)

Screen: Contractor Priced High  
Volume

Complete? Yes

Most Recent Tab 19 Specialty Developing ASTRO  
RUC Meeting: April 2019 Recommendation:

First  
Identified: October 2018

2019 est  
Medicare  
Utilization: 256

2007 Work RVU: 0.00 2020 Work RVU: 0.00  
2007 NF PE RVU: 0 2020 NF PE RVU: 0.00  
2007 Fac PE RVU 0 2020 Fac PE RVU:0.00  
Result: PE Only

RUC Recommendation: New PE Inputs

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

**77522** Proton treatment delivery; simple, with compensation

Global: XXX

Issue: Proton Beam Treatment  
Delivery (PE Only)

Screen: Contractor Priced High  
Volume

Complete? Yes

Most Recent Tab 19 Specialty Developing ASTRO  
RUC Meeting: April 2019 Recommendation:

First  
Identified: January 2018

2019 est  
Medicare  
Utilization: 15,881

2007 Work RVU: 0.00 2020 Work RVU: 0.00  
2007 NF PE RVU: 0 2020 NF PE RVU: 0.00  
2007 Fac PE RVU 0 2020 Fac PE RVU:0.00  
Result: PE Only

RUC Recommendation: New PE Inputs

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

## Status Report: CMS Requests and Relativity Assessment Issues

**77523** Proton treatment delivery; intermediate

**Global:** XXX

**Issue:** Proton Beam Treatment  
Delivery (PE Only)

**Screen:** High Volume Growth4 /  
Contractor Priced High  
Volume

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2019

**Tab** 19

**Specialty Developing  
Recommendation:** ASTRO

**First  
Identified:** October 2016

**2019 est  
Medicare  
Utilization:** 47,302

**2007 Work RVU:** 0.00

**2020 Work RVU:** 0.00

**2007 NF PE RVU:** 0

**2020 NF PE RVU:** 0.00

**2007 Fac PE RVU** 0

**2020 Fac PE RVU:**0.00

**Result:** PE Only

**RUC Recommendation:** New PE Inputs

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**77525** Proton treatment delivery; complex

**Global:** XXX

**Issue:** Proton Beam Treatment  
Delivery (PE Only)

**Screen:** Contractor Priced High  
Volume

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2019

**Tab** 19

**Specialty Developing  
Recommendation:** ASTRO

**First  
Identified:** October 2018

**2019 est  
Medicare  
Utilization:** 20,144

**2007 Work RVU:** 0.00

**2020 Work RVU:** 0.00

**2007 NF PE RVU:** 0

**2020 NF PE RVU:** 0.00

**2007 Fac PE RVU** 0

**2020 Fac PE RVU:**0.00

**Result:** PE Only

**RUC Recommendation:** New PE Inputs

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**77600** Hyperthermia, externally generated; superficial (ie, heating to a depth of 4 cm or less)

**Global:** XXX

**Issue:** Hyperthermia - PE Only

**Screen:** Services with Stand-  
Alone PE Procedure  
Time

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2013

**Tab** 30

**Specialty Developing  
Recommendation:**

**First  
Identified:** October 2012

**2019 est  
Medicare  
Utilization:** 5,464

**2007 Work RVU:** 1.56

**2020 Work RVU:** 1.31

**2007 NF PE RVU:** 5.09

**2020 NF PE RVU:** 11.75

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**NA

**Result:** PE Only

**RUC Recommendation:** New PE Inputs

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

**77767** Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter up to 2.0 cm or 1 channel **Global:** XXX **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** January 2015

**Tab** 16

**Specialty Developing Recommendation:** ASTRO, ACRO

**First Identified:** October 2014

**2019 est Medicare Utilization:** 5,362

**2007 Work RVU:**  
**2007 NF PE RVU:**  
**2007 Fac PE RVU Result:** Decrease

**2020 Work RVU:** 1.05  
**2020 NF PE RVU:** 5.63  
**2020 Fac PE RVU:** NA

**RUC Recommendation:** 1.05

**Referred to CPT** October 2014  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**77768** Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter over 2.0 cm and 2 or more channels, or multiple lesions **Global:** XXX **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** January 2015

**Tab** 16

**Specialty Developing Recommendation:** ASTRO, ACRO

**First Identified:** October 2014

**2019 est Medicare Utilization:** 7,665

**2007 Work RVU:**  
**2007 NF PE RVU:**  
**2007 Fac PE RVU Result:** Decrease

**2020 Work RVU:** 1.40  
**2020 NF PE RVU:** 8.65  
**2020 Fac PE RVU:** NA

**RUC Recommendation:** 1.40

**Referred to CPT** October 2014  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**77770** Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 1 channel **Global:** XXX **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** January 2015

**Tab** 16

**Specialty Developing Recommendation:** ASTRO, ACRO

**First Identified:** October 2014

**2019 est Medicare Utilization:** 17,117

**2007 Work RVU:**  
**2007 NF PE RVU:**  
**2007 Fac PE RVU Result:** Decrease

**2020 Work RVU:** 1.95  
**2020 NF PE RVU:** 7.43  
**2020 Fac PE RVU:** NA

**RUC Recommendation:** 1.95

**Referred to CPT** October 2014  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

77771	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 2-12 channels	Global: XXX	Issue: Surface Radionuclide High Does Rate Brachytherapy	Screen: Codes Reported Together 75% or More-Part2	Complete? Yes
Most Recent RUC Meeting: January 2015	Tab 16	Specialty Developing Recommendation: ASTRO, ACRO	First Identified: October 2014	2019 est Medicare Utilization: 17,697	2007 Work RVU: 3.80 2007 NF PE RVU: 12.95 2007 Fac PE RVU: NA 2020 Work RVU: 3.80 2020 NF PE RVU: 12.95 2020 Fac PE RVU: NA
RUC Recommendation: 3.80			Referred to CPT October 2014 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	
77772	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; over 12 channels	Global: XXX	Issue: Surface Radionuclide High Does Rate Brachytherapy	Screen: Codes Reported Together 75% or More-Part2	Complete? Yes
Most Recent RUC Meeting: January 2015	Tab 16	Specialty Developing Recommendation: ASTRO, ACRO	First Identified: October 2014	2019 est Medicare Utilization: 4,164	2007 Work RVU: 5.40 2007 NF PE RVU: 19.84 2007 Fac PE RVU: NA 2020 Work RVU: 5.40 2020 NF PE RVU: 19.84 2020 Fac PE RVU: NA
RUC Recommendation: 5.40			Referred to CPT October 2014 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	
77776	Interstitial radiation source application; simple	Global:	Issue: Interstitial Radiation Source Codes	Screen: Codes Reported Together 75% or More-Part2	Complete? Yes
Most Recent RUC Meeting: April 2015	Tab 17	Specialty Developing Recommendation: ACR, ASTRO	First Identified: February 2015	2019 est Medicare Utilization:	2007 Work RVU: 4.67 2007 NF PE RVU: 4.23 2007 Fac PE RVU: 4.23 2020 Work RVU: 2020 NF PE RVU: 2020 Fac PE RVU:
RUC Recommendation: Deleted from CPT			Referred to CPT February 2015 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	

# Status Report: CMS Requests and Relativity Assessment Issues

**77777** Interstitial radiation source application; intermediate **Global:** **Issue:** Interstitial Radiation Source Codes **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** April 2015 **Tab** 17 **Specialty Developing Recommendation:** ACR, ASTRO **First Identified:** February 2015 **2019 est Medicare Utilization:** **2007 Work RVU:** 7.49 **2020 Work RVU:** **2007 NF PE RVU:** 6.92 **2020 NF PE RVU:** **2007 Fac PE RVU:** 6.92 **2020 Fac PE RVU:** **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** February 2015 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**77778** Interstitial radiation source application, complex, includes supervision, handling, loading of radiation source, when performed **Global:** 000 **Issue:** Interstitial Radiation Source Codes **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** October 2015 **Tab** 21 **Specialty Developing Recommendation:** ACR, ASTRO **First Identified:** October 2012 **2019 est Medicare Utilization:** 4,806 **2007 Work RVU:** 11.23 **2020 Work RVU:** 8.78 **2007 NF PE RVU:** 9.38 **2020 NF PE RVU:** 15.33 **2007 Fac PE RVU:** 9.38 **2020 Fac PE RVU:** NA **Result:** Decrease

**RUC Recommendation:** 8.78 **Referred to CPT** February 2015 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**77781** Deleted from CPT **Global:** **Issue:** Brachytherapy **Screen:** CMS Fastest Growing **Complete?** Yes

**Most Recent RUC Meeting:** October 2008 **Tab** 26 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2008 **2019 est Medicare Utilization:** **2007 Work RVU:** 1.21 **2020 Work RVU:** **2007 NF PE RVU:** 16.73 **2020 NF PE RVU:** **2007 Fac PE RVU:** NA **2020 Fac PE RVU:** **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** February 2008 **Referred to CPT Asst** ☐ **Published in CPT Asst:**



# Status Report: CMS Requests and Relativity Assessment Issues

**77782 Deleted from CPT**

**Global:**

**Issue:** Brachytherapy

**Screen:** High Volume Growth1 / CMS Fastest Growing

**Complete?** Yes

**Most Recent RUC Meeting:** February 2008

**Tab** S

**Specialty Developing Recommendation:** ASTRO

**First Identified:** February 2008

**2019 est Medicare Utilization:**

**2007 Work RVU:** 2.04

**2020 Work RVU:**

**2007 NF PE RVU:** 18.94

**2020 NF PE RVU:**

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2008

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

**77784 Deleted from CPT**

**Global:**

**Issue:** Brachytherapy

**Screen:** CMS Fastest Growing

**Complete?** Yes

**Most Recent RUC Meeting:** February 2008

**Tab** S

**Specialty Developing Recommendation:** ASTRO

**First Identified:** February 2008

**2019 est Medicare Utilization:**

**2007 Work RVU:** 5.15

**2020 Work RVU:**

**2007 NF PE RVU:** 28.04

**2020 NF PE RVU:**

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2008

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

**77785 Remote afterloading high dose rate radionuclide brachytherapy; 1 channel**

**Global:**

**Issue:** Surface Radionuclide High Does Rate Brachytherapy

**Screen:** High Volume Growth1 / CMS Fastest Growing/CMS Request - Practice Expense / Services with Stand-Alone PE Procedure Time

**Complete?** Yes

**Most Recent RUC Meeting:** January 2015

**Tab** 16

**Specialty Developing Recommendation:** ASTRO

**First Identified:**

**2019 est Medicare Utilization:**

**2007 Work RVU:**

**2020 Work RVU:**

**2007 NF PE RVU:**

**2020 NF PE RVU:**

**2007 Fac PE RVU**

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2014

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

## Status Report: CMS Requests and Relativity Assessment Issues

**77786** Remote afterloading high dose rate radionuclide brachytherapy; 2-12 channels **Global:** **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** High Volume Growth1 / CMS Fastest Growing/CMS Request - Practice Expense / Services with Stand-Alone PE Procedure Time **Complete?** Yes

**Most Recent RUC Meeting:** January 2015

**Tab 16** **Specialty Developing Recommendation:** ASTRO

**First Identified:**

**2019 est Medicare Utilization:**

**2007 Work RVU:**

**2020 Work RVU:**

**2007 NF PE RVU:**

**2020 NF PE RVU:**

**2007 Fac PE RVU**

**2020 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2014

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

**Result:** Deleted from CPT

**77787** Remote afterloading high dose rate radionuclide brachytherapy; over 12 channels

**Global:**

**Issue:** Surface Radionuclide High Does Rate Brachytherapy

**Screen:** High Volume Growth1 / CMS Fastest Growing/CMS Request - Practice Expense / Services with Stand-Alone PE Procedure Time / Codes Reported Together 75% or More-Part2

**Complete?** Yes

**Most Recent RUC Meeting:** January 2015

**Tab 16** **Specialty Developing Recommendation:** ASTRO

**First Identified:** October 2012

**2019 est Medicare Utilization:**

**2007 Work RVU:**

**2020 Work RVU:**

**2007 NF PE RVU:**

**2020 NF PE RVU:**

**2007 Fac PE RVU**

**2020 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2014

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

**Result:** Deleted from CPT

**77790** Supervision, handling, loading of radiation source

**Global:** XXX

**Issue:** Interstitial Radiation Source Codes

**Screen:** Codes Reported Together 75% or More-Part2

**Complete?** Yes

**Most Recent RUC Meeting:** October 2015

**Tab 21** **Specialty Developing Recommendation:** ACR, ASTRO, SIR

**First Identified:** October 2012

**2019 est Medicare Utilization:** 145

**2007 Work RVU:** 1.05

**2020 Work RVU:** 0.00

**2007 NF PE RVU:** 1

**2020 NF PE RVU:** 0.42

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:** NA

**RUC Recommendation:** 0.00

**Referred to CPT** February 2015

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

**Result:** Decrease

# Status Report: CMS Requests and Relativity Assessment Issues

## 78000 Thyroid uptake; single determination

Global:

Issue: Thyroid Uptake/Imaging

Screen: Harvard Valued -  
Utilization over 30,000

Complete? Yes

Most Recent  
RUC Meeting: April 2012

Tab 22

Specialty Developing  
Recommendation:

ACR, ACNM,  
SNM

First  
Identified:

2019 est  
Medicare  
Utilization:

2007 Work RVU: 0.19

2020 Work RVU:

2007 NF PE RVU: 1.21

2020 NF PE RVU:

2007 Fac PE RVU NA

2020 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2012

Referred to CPT Asst ☐ Published in CPT Asst:

## 78001 Thyroid uptake; multiple determinations

Global:

Issue: Thyroid Uptake/Imaging

Screen: Harvard Valued -  
Utilization over 30,000

Complete? Yes

Most Recent  
RUC Meeting: April 2012

Tab 22

Specialty Developing  
Recommendation:

ACR, ACNM,  
SNM

First  
Identified:

2019 est  
Medicare  
Utilization:

2007 Work RVU: 0.26

2020 Work RVU:

2007 NF PE RVU: 1.59

2020 NF PE RVU:

2007 Fac PE RVU NA

2020 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2012

Referred to CPT Asst ☐ Published in CPT Asst:

## 78003 Thyroid uptake; stimulation, suppression or discharge (not including initial uptake studies)

Global:

Issue: Thyroid Uptake/Imaging

Screen: Harvard Valued -  
Utilization over 30,000

Complete? Yes

Most Recent  
RUC Meeting: April 2012

Tab 22

Specialty Developing  
Recommendation:

ACR, ACNM,  
SNM

First  
Identified:

2019 est  
Medicare  
Utilization:

2007 Work RVU: 0.33

2020 Work RVU:

2007 NF PE RVU: 1.26

2020 NF PE RVU:

2007 Fac PE RVU NA

2020 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2012

Referred to CPT Asst ☐ Published in CPT Asst:

## 78006 Thyroid imaging, with uptake; single determination

Global:

Issue: Thyroid Uptake/Imaging

Screen: Harvard Valued -  
Utilization over 30,000

Complete? Yes

Most Recent  
RUC Meeting: April 2012

Tab 22

Specialty Developing  
Recommendation:

ACR, ACNM,  
SNM

First  
Identified:

2019 est  
Medicare  
Utilization:

2007 Work RVU: 0.49

2020 Work RVU:

2007 NF PE RVU: 3.38

2020 NF PE RVU:

2007 Fac PE RVU NA

2020 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2012

Referred to CPT Asst ☐ Published in CPT Asst:

# Status Report: CMS Requests and Relativity Assessment Issues

<b>78007</b>	Thyroid imaging, with uptake; multiple determinations	<b>Global:</b>	<b>Issue:</b> Thyroid Uptake/Imaging	<b>Screen:</b> Harvard Valued - Utilization over 30,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab</b> 22	<b>Specialty Developing Recommendation:</b> ACR, ACNM, SNM	<b>First Identified:</b> April 2011	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> 0.50 <b>2007 NF PE RVU:</b> 2.76 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Deleted from CPT
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> February 2012	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>

<b>78010</b>	Thyroid imaging; only	<b>Global:</b>	<b>Issue:</b> Thyroid Uptake/Imaging	<b>Screen:</b> Harvard Valued - Utilization over 30,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab</b> 22	<b>Specialty Developing Recommendation:</b> ACR, ACNM, SNM	<b>First Identified:</b>	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> 0.39 <b>2007 NF PE RVU:</b> 2.45 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Deleted from CPT
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> February 2012	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>

<b>78011</b>	Thyroid imaging; with vascular flow	<b>Global:</b>	<b>Issue:</b> Thyroid Uptake/Imaging	<b>Screen:</b> Harvard Valued - Utilization over 30,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab</b> 22	<b>Specialty Developing Recommendation:</b> ACR, ACNM, SNM	<b>First Identified:</b>	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> 0.45 <b>2007 NF PE RVU:</b> 2.99 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Deleted from CPT
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> February 2012	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>

<b>78012</b>	Thyroid uptake, single or multiple quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)	<b>Global:</b> XXX	<b>Issue:</b> Thyroid Uptake/Imaging	<b>Screen:</b> Harvard Valued - Utilization over 30,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab</b> 22	<b>Specialty Developing Recommendation:</b> ACR, ACNM, SNM	<b>First Identified:</b>	<b>2019 est Medicare Utilization:</b> 1,653	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 0.19			<b>Referred to CPT</b> February 2012	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>

# Status Report: CMS Requests and Relativity Assessment Issues

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<b>78013</b>	<b>Thyroid imaging (including vascular flow, when performed);</b>	<b>Global:</b> XXX	<b>Issue:</b> Thyroid Uptake/Imaging	<b>Screen:</b> Harvard Valued - Utilization over 30,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab 22</b>	<b>Specialty Developing Recommendation:</b> ACR, ACNM, SNM	<b>First Identified:</b>	<b>2019 est Medicare Utilization:</b> 1,711	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU</b> <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 0.37			<b>Referred to CPT</b> February 2012	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>2020 Work RVU:</b> 0.37 <b>2020 NF PE RVU:</b> 5.08 <b>2020 Fac PE RVU:</b> NA
				<b>Published in CPT Asst:</b>	

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<b>78014</b>	<b>Thyroid imaging (including vascular flow, when performed); with single or multiple uptake(s) quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)</b>	<b>Global:</b> XXX	<b>Issue:</b> Thyroid Uptake/Imaging	<b>Screen:</b> Harvard Valued - Utilization over 30,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab 22</b>	<b>Specialty Developing Recommendation:</b> ACR, ACNM, SNM	<b>First Identified:</b>	<b>2019 est Medicare Utilization:</b> 18,954	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU</b> <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 0.50			<b>Referred to CPT</b> February 2012	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>2020 Work RVU:</b> 0.50 <b>2020 NF PE RVU:</b> 6.29 <b>2020 Fac PE RVU:</b> NA
				<b>Published in CPT Asst:</b>	

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<b>78070</b>	<b>Parathyroid planar imaging (including subtraction, when performed);</b>	<b>Global:</b> XXX	<b>Issue:</b> Parathyroid Imaging	<b>Screen:</b> Harvard Valued - Utilization over 30,000 / CPT 2013 Utilization Review	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab 54</b>	<b>Specialty Developing Recommendation:</b> ACR, ACNM, SNM	<b>First Identified:</b> April 2011	<b>2019 est Medicare Utilization:</b> 13,220	<b>2007 Work RVU:</b> 0.82 <b>2007 NF PE RVU:</b> 4.21 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 0.80			<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>2020 Work RVU:</b> 0.80 <b>2020 NF PE RVU:</b> 7.60 <b>2020 Fac PE RVU:</b> NA
				<b>Published in CPT Asst:</b> Dec 2016	

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# Status Report: CMS Requests and Relativity Assessment Issues

78071	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT)			Global: XXX	Issue: Parathyroid Imaging	Screen: Harvard Valued - Utilization over 30,000 / CPT 2013 Utilization Review	Complete? Yes
Most Recent RUC Meeting:	January 2016	Tab 54	Specialty Developing Recommendation:	ACR, ACNM, SNM	First Identified: April 2011	2019 est Medicare Utilization: 8,974	2007 Work RVU: 2020 Work RVU: 1.20 2007 NF PE RVU: 2020 NF PE RVU: 8.82 2007 Fac PE RVU 2020 Fac PE RVU:NA
RUC Recommendation:	1.20				Referred to CPT Referred to CPT Asst <input checked="" type="checkbox"/>	Published in CPT Asst: Dec 2016	2007 Work RVU: 2020 Work RVU: 1.20 2007 NF PE RVU: 2020 NF PE RVU: 8.82 2007 Fac PE RVU 2020 Fac PE RVU:NA Result: Maintain
78072	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently acquired computed tomography (CT) for anatomical localization			Global: XXX	Issue: Parathyroid Imaging	Screen: Harvard Valued - Utilization over 30,000 / CPT 2013 Utilization Review	Complete? Yes
Most Recent RUC Meeting:	January 2016	Tab 54	Specialty Developing Recommendation:	ACR, ACNM, SNM	First Identified: April 2011	2019 est Medicare Utilization: 12,267	2007 Work RVU: 2020 Work RVU: 1.60 2007 NF PE RVU: 2020 NF PE RVU: 11.05 2007 Fac PE RVU 2020 Fac PE RVU:NA
RUC Recommendation:	1.60				Referred to CPT Referred to CPT Asst <input checked="" type="checkbox"/>	Published in CPT Asst: Dec 2016	2007 Work RVU: 2020 Work RVU: 1.60 2007 NF PE RVU: 2020 NF PE RVU: 11.05 2007 Fac PE RVU 2020 Fac PE RVU:NA Result: Maintain
78223	Hepatobiliary ductal system imaging, including gallbladder, with or without pharmacologic intervention, with or without quantitative measurement of gallbladder function			Global:	Issue: Hepatobiliary Ductal System Imaging	Screen: Harvard Valued - Utilization over 100,000	Complete? Yes
Most Recent RUC Meeting:	February 2011	Tab 12	Specialty Developing Recommendation:	ACR, SNM	First Identified: October 2009	2019 est Medicare Utilization:	2007 Work RVU: 0.84 2020 Work RVU: 2007 NF PE RVU: 4.95 2020 NF PE RVU: 2007 Fac PE RVU NA 2020 Fac PE RVU:
RUC Recommendation:	Deleted from CPT				Referred to CPT October 2010 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2007 Work RVU: 0.84 2020 Work RVU: 2007 NF PE RVU: 4.95 2020 NF PE RVU: 2007 Fac PE RVU NA 2020 Fac PE RVU: Result: Deleted from CPT

# Status Report: CMS Requests and Relativity Assessment Issues

<b>78226</b>	Hepatobiliary system imaging, including gallbladder when present;	<b>Global:</b> XXX	<b>Issue:</b> Hepatobiliary System Imaging	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2011	<b>Tab</b> 12	<b>Specialty Developing Recommendation:</b> ACR, SNM, ACNM	<b>First Identified:</b>	<b>2019 est Medicare Utilization:</b> 61,197	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease <b>2020 Work RVU:</b> 0.74 <b>2020 NF PE RVU:</b> 8.56 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.74			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	

<b>78227</b>	Hepatobiliary system imaging, including gallbladder when present; with pharmacologic intervention, including quantitative measurement(s) when performed	<b>Global:</b> XXX	<b>Issue:</b> Hepatobiliary System Imaging	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2011	<b>Tab</b> 12	<b>Specialty Developing Recommendation:</b> ACR, SNM, ACNM	<b>First Identified:</b>	<b>2019 est Medicare Utilization:</b> 64,389	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease <b>2020 Work RVU:</b> 0.90 <b>2020 NF PE RVU:</b> 11.66 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.90			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	

<b>78265</b>	Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel transit	<b>Global:</b> XXX	<b>Issue:</b> Colon Transit Imaging	<b>Screen:</b> New code for CPT 2016.	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2015	<b>Tab</b> 18	<b>Specialty Developing Recommendation:</b> ACNM, ACR, SNMMI	<b>First Identified:</b> April 2015	<b>2019 est Medicare Utilization:</b> 1,303	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Not Part of RAW <b>2020 Work RVU:</b> 0.98 <b>2020 NF PE RVU:</b> 10.17 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> CPT Assistant article published			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Dec 2015	

<b>78266</b>	Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel and colon transit, multiple days	<b>Global:</b> XXX	<b>Issue:</b> Colon Transit Imaging	<b>Screen:</b> New code for CPT 2016.	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2015	<b>Tab</b> 18	<b>Specialty Developing Recommendation:</b> ACNM, ACR, SNMMI	<b>First Identified:</b> April 2015	<b>2019 est Medicare Utilization:</b> 313	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Not Part of RAW <b>2020 Work RVU:</b> 1.08 <b>2020 NF PE RVU:</b> 11.14 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> CPT Assistant article published			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Dec 2015	

# Status Report: CMS Requests and Relativity Assessment Issues

## 78278 Acute gastrointestinal blood loss imaging

Global: XXX

Issue: Acute GI Blood Loss Imaging

Screen: Harvard Valued - Utilization over 30,000

Complete? Yes

Most Recent  
RUC Meeting: September 2011

Tab 34

Specialty Developing  
Recommendation: ACR, SNM, ACNM

First  
Identified: April 2011

2019 est  
Medicare  
Utilization: 26,257

2007 Work RVU: 0.99

2020 Work RVU: 0.99

2007 NF PE RVU: 5.92

2020 NF PE RVU: 8.88

2007 Fac PE RVU NA

2020 Fac PE RVU:NA

Result: Maintain

RUC Recommendation: 0.99

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

## 78300 Bone and/or joint imaging; limited area

Global: XXX

Issue: Bone Imaging

Screen: CMS High Expenditure Procedural Codes2

Complete? Yes

Most Recent  
RUC Meeting: April 2016

Tab 38

Specialty Developing  
Recommendation: ACNM, ACR, SNMMI

First  
Identified: July 2015

2019 est  
Medicare  
Utilization: 6,808

2007 Work RVU: 0.62

2020 Work RVU: 0.62

2007 NF PE RVU: 3

2020 NF PE RVU: 5.88

2007 Fac PE RVU NA

2020 Fac PE RVU:NA

Result: Maintain

RUC Recommendation: 0.62

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

## 78305 Bone and/or joint imaging; multiple areas

Global: XXX

Issue: Bone Imaging

Screen: CMS High Expenditure Procedural Codes2

Complete? Yes

Most Recent  
RUC Meeting: April 2016

Tab 38

Specialty Developing  
Recommendation: ACNM, ACR, SNMMI

First  
Identified: July 2015

2019 est  
Medicare  
Utilization: 1,645

2007 Work RVU: 0.83

2020 Work RVU: 0.83

2007 NF PE RVU: 4.24

2020 NF PE RVU: 7.04

2007 Fac PE RVU NA

2020 Fac PE RVU:NA

Result: Maintain

RUC Recommendation: 0.83

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

## 78306 Bone and/or joint imaging; whole body

Global: XXX

Issue: Bone Imaging

Screen: CMS High Expenditure Procedural Codes2

Complete? Yes

Most Recent  
RUC Meeting: April 2016

Tab 38

Specialty Developing  
Recommendation: ACNM, ACR, SNMMI

First  
Identified: July 2015

2019 est  
Medicare  
Utilization: 262,283

2007 Work RVU: 0.86

2020 Work RVU: 0.86

2007 NF PE RVU: 4.84

2020 NF PE RVU: 7.66

2007 Fac PE RVU NA

2020 Fac PE RVU:NA

Result: Maintain

RUC Recommendation: 0.86

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:



## Status Report: CMS Requests and Relativity Assessment Issues

**78429** Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan **Global:** XXX **Issue:** Myocardial PET **Screen:** High Volume Growth4 **Complete?** Yes

**Most Recent RUC Meeting:** January 2019 **Tab** 13 **Specialty Developing Recommendation:** ACC, ACR, ACNM, SNMMI **First Identified:** May 2018 **2019 est Medicare Utilization:** **2007 Work RVU:** **2020 Work RVU:** 0.00 **2007 NF PE RVU:** **2020 NF PE RVU:** 0.00 **2007 Fac PE RVU Result:** Increase **2020 Fac PE RVU:** NA

**RUC Recommendation:** 1.76 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**78430** Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan **Global:** XXX **Issue:** Myocardial PET **Screen:** High Volume Growth4 **Complete?** Yes

**Most Recent RUC Meeting:** January 2019 **Tab** 13 **Specialty Developing Recommendation:** ACC, ACR, ACNM, SNMMI **First Identified:** May 2018 **2019 est Medicare Utilization:** **2007 Work RVU:** **2020 Work RVU:** 0.00 **2007 NF PE RVU:** **2020 NF PE RVU:** 0.00 **2007 Fac PE RVU Result:** Increase **2020 Fac PE RVU:** NA

**RUC Recommendation:** 1.67 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**78431** Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan **Global:** XXX **Issue:** Myocardial PET **Screen:** High Volume Growth4 **Complete?** Yes

**Most Recent RUC Meeting:** January 2019 **Tab** 13 **Specialty Developing Recommendation:** ACC, ACR, ACNM, SNMMI **First Identified:** May 2018 **2019 est Medicare Utilization:** **2007 Work RVU:** **2020 Work RVU:** 0.00 **2007 NF PE RVU:** **2020 NF PE RVU:** 0.00 **2007 Fac PE RVU Result:** Increase **2020 Fac PE RVU:** NA

**RUC Recommendation:** 1.90 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

<b>78432</b>	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability);	<b>Global:</b> XXX	<b>Issue:</b> Myocardial PET	<b>Screen:</b> High Volume Growth4	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2019	<b>Tab</b> 13 <b>Specialty Developing Recommendation:</b> ACC, ACR, ACNM, SNMMI	<b>First Identified:</b> May 2018	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Increase	<b>2020 Work RVU:</b> 0.00 <b>2020 NF PE RVU:</b> 0.00 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 2.07	<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>			
<b>78433</b>	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability); with concurrently acquired computed tomography transmission scan	<b>Global:</b> XXX	<b>Issue:</b> Myocardial PET	<b>Screen:</b> High Volume Growth4	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2019	<b>Tab</b> 13 <b>Specialty Developing Recommendation:</b> ACC, ACR, ACNM, SNMMI	<b>First Identified:</b> May 2018	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Increase	<b>2020 Work RVU:</b> 0.00 <b>2020 NF PE RVU:</b> 0.00 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 2.26	<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>			
<b>78434</b>	Absolute quantitation of myocardial blood flow (AQMBF), positron emission tomography (PET), rest and pharmacologic stress (List separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Myocardial PET	<b>Screen:</b> High Volume Growth4	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2019	<b>Tab</b> 13 <b>Specialty Developing Recommendation:</b> ACC, ACR, ACNM, SNMMI	<b>First Identified:</b> May 2018	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Increase	<b>2020 Work RVU:</b> 0.00 <b>2020 NF PE RVU:</b> 0.00 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.63	<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>			

## Status Report: CMS Requests and Relativity Assessment Issues

**78451** Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) **Global:** XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

**Most Recent RUC Meeting:** February 2009 **Tab** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** NA **2019 est Medicare Utilization:** 35,912 **2007 Work RVU:** **2020 Work RVU:** 1.38 **2007 NF PE RVU:** **2020 NF PE RVU:** 8.15 **2007 Fac PE RVU Result:** Increase **2020 Fac PE RVU:** NA

**RUC Recommendation:** 1.40 **Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**78452** Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection **Global:** XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

**Most Recent RUC Meeting:** February 2009 **Tab** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** NA **2019 est Medicare Utilization:** 1,787,846 **2007 Work RVU:** **2020 Work RVU:** 1.62 **2007 NF PE RVU:** **2020 NF PE RVU:** 11.67 **2007 Fac PE RVU Result:** Decrease **2020 Fac PE RVU:** NA

**RUC Recommendation:** 1.75 **Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**78453** Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) **Global:** XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

**Most Recent RUC Meeting:** February 2009 **Tab** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** NA **2019 est Medicare Utilization:** 1,518 **2007 Work RVU:** **2020 Work RVU:** 1.00 **2007 NF PE RVU:** **2020 NF PE RVU:** 7.56 **2007 Fac PE RVU Result:** Decrease **2020 Fac PE RVU:** NA

**RUC Recommendation:** 1.00 **Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

**78454** Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection **Global:** XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

**Most Recent RUC Meeting:** February 2009 **Tab** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** NA **2019 est Medicare Utilization:** 10,009 **2007 Work RVU:** **2020 Work RVU:** 1.34 **2007 NF PE RVU:** **2020 NF PE RVU:** 10.96 **2007 Fac PE RVU Result:** Decrease **2020 Fac PE RVU:** NA

**RUC Recommendation:** 1.34 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**78459** Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; **Global:** XXX **Issue:** Myocardial PET **Screen:** High Volume Growth4 **Complete?** Yes

**Most Recent RUC Meeting:** January 2019 **Tab** 13 **Specialty Developing Recommendation:** ACC, ACR, ACNM, SNMMI **First Identified:** May 2018 **2019 est Medicare Utilization:** 3,214 **2007 Work RVU:** 0.00 **2020 Work RVU:** 0.00 **2007 NF PE RVU:** 0 **2020 NF PE RVU:** 0.00 **2007 Fac PE RVU Result:** Increase **2020 Fac PE RVU:** NA

**RUC Recommendation:** 1.61 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**78460** Deleted from CPT **Global:** **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

**Most Recent RUC Meeting:** February 2009 **Tab** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** **2019 est Medicare Utilization:** **2007 Work RVU:** 0.86 **2020 Work RVU:** **2007 NF PE RVU:** 3.1 **2020 NF PE RVU:** **2007 Fac PE RVU** NA **2020 Fac PE RVU:** **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** October 2008 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

**78461 Deleted from CPT**

**Global:**

**Issue:** Myocardial Perfusion Imaging

**Screen:** Codes Reported Together 95% or More

**Complete?** Yes

**Most Recent RUC Meeting:** February 2009

**Tab** 16

**Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC

**First Identified:**

**2019 est Medicare Utilization:**

**2007 Work RVU:** 1.23

**2020 Work RVU:**

**2007 NF PE RVU:** 4.81

**2020 NF PE RVU:**

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2008

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

**78464 Deleted from CPT**

**Global:**

**Issue:** Myocardial Perfusion Imaging

**Screen:** Codes Reported Together 95% or More

**Complete?** Yes

**Most Recent RUC Meeting:** February 2009

**Tab** 16

**Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC

**First Identified:**

**2019 est Medicare Utilization:**

**2007 Work RVU:** 1.09

**2020 Work RVU:**

**2007 NF PE RVU:** 7.03

**2020 NF PE RVU:**

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2008

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

**78465 Deleted from CPT**

**Global:**

**Issue:** Myocardial Perfusion Imaging

**Screen:** Codes Reported Together 95% or More

**Complete?** Yes

**Most Recent RUC Meeting:** February 2009

**Tab** 16

**Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC

**First Identified:** February 2008

**2019 est Medicare Utilization:**

**2007 Work RVU:** 1.46

**2020 Work RVU:**

**2007 NF PE RVU:** 12.08

**2020 NF PE RVU:**

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2008

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

## Status Report: CMS Requests and Relativity Assessment Issues

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<b>78472</b>	<b>Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing</b>	<b>Global:</b> XXX	<b>Issue:</b> Cardiac Blood Pool Imaging	<b>Screen:</b> Harvard Valued - Utilization over 30,000	<b>Complete?</b> Yes
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**Most Recent RUC Meeting:** September 2011

**Tab** 35

**Specialty Developing Recommendation:** ACC, ACR, SNM, ACNM

**First Identified:** April 2011

**2019 est Medicare Utilization:** 18,051

**2007 Work RVU:** 0.98

**2020 Work RVU:** 0.98

**2007 NF PE RVU:** 5.87

**2020 NF PE RVU:** 5.45

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**NA

**Result:** Maintain

**RUC Recommendation:** 0.98

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

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**78478 Deleted from CPT**

**Global:**

**Issue:** Myocardial Perfusion Imaging

**Screen:** Codes Reported Together 95% or More

**Complete?** Yes

**Most Recent RUC Meeting:** February 2009

**Tab** 16

**Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC

**First Identified:** February 2008

**2019 est Medicare Utilization:**

**2007 Work RVU:** 0.50

**2020 Work RVU:**

**2007 NF PE RVU:** 1.54

**2020 NF PE RVU:**

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2008

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

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**78480 Deleted from CPT**

**Global:**

**Issue:** Myocardial Perfusion Imaging

**Screen:** Codes Reported Together 95% or More

**Complete?** Yes

**Most Recent RUC Meeting:** February 2009

**Tab** 16

**Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC

**First Identified:** February 2008

**2019 est Medicare Utilization:**

**2007 Work RVU:** 0.30

**2020 Work RVU:**

**2007 NF PE RVU:** 1.51

**2020 NF PE RVU:**

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2008

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

**78491** Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic) **Global:** XXX **Issue:** Myocardial PET **Screen:** High Volume Growth4 **Complete?** Yes

**Most Recent RUC Meeting:** January 2019

**Tab 13 Specialty Developing Recommendation:** ACC, ACR, ACNM, SNMMI

**First Identified:** May 2018

**2019 est Medicare Utilization:** 1,809

**2007 Work RVU:** 0.00

**2020 Work RVU:** 0.00

**2007 NF PE RVU:** 0

**2020 NF PE RVU:** 0.00

**2007 Fac PE RVU** 0

**2020 Fac PE RVU:**NA

**Result:** Increase

**RUC Recommendation:** 1.56

**Referred to CPT**

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

**78492** Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic) **Global:** XXX **Issue:** Myocardial PET **Screen:** High Volume Growth4 **Complete?** Yes

**Most Recent RUC Meeting:** January 2019

**Tab 13 Specialty Developing Recommendation:** ACC, ACR, ACNM, SNMMI

**First Identified:** October 2016

**2019 est Medicare Utilization:** 179,360

**2007 Work RVU:** 0.00

**2020 Work RVU:** 0.00

**2007 NF PE RVU:** 0

**2020 NF PE RVU:** 0.00

**2007 Fac PE RVU** 0

**2020 Fac PE RVU:**NA

**Result:** Increase

**RUC Recommendation:** 1.80

**Referred to CPT** May 2018

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

**78579** Pulmonary ventilation imaging (eg, aerosol or gas) **Global:** XXX **Issue:** Pulmonary Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

**Most Recent RUC Meeting:** February 2011

**Tab 13 Specialty Developing Recommendation:** ACR, SNM

**First Identified:** February 2010

**2019 est Medicare Utilization:** 360

**2007 Work RVU:**

**2020 Work RVU:** 0.49

**2007 NF PE RVU:**

**2020 NF PE RVU:** 4.82

**2007 Fac PE RVU**

**2020 Fac PE RVU:**NA

**Result:** Decrease

**RUC Recommendation:** 0.49

**Referred to CPT** October 2010

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

# Status Report: CMS Requests and Relativity Assessment Issues

<b>78580</b>	<b>Pulmonary perfusion imaging (eg, particulate)</b>	<b>Global:</b> XXX	<b>Issue:</b> Pulmonary Imaging	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2011	<b>Tab</b> 13	<b>Specialty Developing Recommendation:</b> SNM, ACR	<b>First Identified:</b> February 2010	<b>2019 est Medicare Utilization:</b> 10,224	<b>2007 Work RVU:</b> 0.74 <b>2007 NF PE RVU:</b> 3.97 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 0.74			<b>Referred to CPT</b> October 2010	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>

<b>78582</b>	<b>Pulmonary ventilation (eg, aerosol or gas) and perfusion imaging</b>	<b>Global:</b> XXX	<b>Issue:</b> Pulmonary Imaging	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2011	<b>Tab</b> 13	<b>Specialty Developing Recommendation:</b> ACR, SNM	<b>First Identified:</b> February 2010	<b>2019 est Medicare Utilization:</b> 165,031	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 1.07			<b>Referred to CPT</b> October 2010	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>

<b>78584</b>	<b>Pulmonary perfusion imaging, particulate, with ventilation; single breath</b>	<b>Global:</b>	<b>Issue:</b> Pulmonary Perfusion Imaging	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2010	<b>Tab</b> 31	<b>Specialty Developing Recommendation:</b> SNM, ACR	<b>First Identified:</b> February 2010	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> 0.99 <b>2007 NF PE RVU:</b> 3.34 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Deleted from CPT
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> October 2010	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>

<b>78585</b>	<b>Pulmonary perfusion imaging, particulate, with ventilation; rebreathing and washout, with or without single breath</b>	<b>Global:</b>	<b>Issue:</b> Pulmonary Perfusion Imaging	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2010	<b>Tab</b> 31	<b>Specialty Developing Recommendation:</b> SNM, ACR	<b>First Identified:</b> October 2009	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> 1.09 <b>2007 NF PE RVU:</b> 6.53 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Deleted from CPT
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> October 2010	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>



# Status Report: CMS Requests and Relativity Assessment Issues

**78586** Pulmonary ventilation imaging, aerosol; single projection

**Global:**

**Issue:** Pulmonary Perfusion Imaging

**Screen:** Harvard Valued - Utilization over 100,000

**Complete?** Yes

**Most Recent RUC Meeting:** February 2010

**Tab** 31

**Specialty Developing Recommendation:** SNM, ACR

**First Identified:** February 2010

**2019 est Medicare Utilization:**

**2007 Work RVU:** 0.40

**2020 Work RVU:**

**2007 NF PE RVU:** 3.02

**2020 NF PE RVU:**

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2010

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

**78587** Deleted from CPT

**Global:**

**Issue:** Pulmonary Perfusion Imaging

**Screen:** Harvard Valued - Utilization over 100,000

**Complete?** Yes

**Most Recent RUC Meeting:** February 2010

**Tab** 31

**Specialty Developing Recommendation:** SNM, ACR

**First Identified:** February 2010

**2019 est Medicare Utilization:**

**2007 Work RVU:** 0.49

**2020 Work RVU:**

**2007 NF PE RVU:** 3.51

**2020 NF PE RVU:**

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2010

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

**78588** Deleted from CPT

**Global:**

**Issue:** Pulmonary Perfusion Imaging

**Screen:** Harvard Valued - Utilization over 100,000

**Complete?** Yes

**Most Recent RUC Meeting:** February 2010

**Tab** 31

**Specialty Developing Recommendation:** SNM, ACR

**First Identified:** February 2010

**2019 est Medicare Utilization:**

**2007 Work RVU:** 1.09

**2020 Work RVU:**

**2007 NF PE RVU:** 4.7

**2020 NF PE RVU:**

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2010

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

**78591** Deleted from CPT

**Global:**

**Issue:** Pulmonary Perfusion Imaging

**Screen:** Harvard Valued - Utilization over 100,000

**Complete?** Yes

**Most Recent RUC Meeting:** February 2010

**Tab** 31

**Specialty Developing Recommendation:** SNM, ACR

**First Identified:** February 2010

**2019 est Medicare Utilization:**

**2007 Work RVU:** 0.40

**2020 Work RVU:**

**2007 NF PE RVU:** 3.21

**2020 NF PE RVU:**

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2010

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

# Status Report: CMS Requests and Relativity Assessment Issues

**78593 Deleted from CPT**

**Global:**

**Issue:** Pulmonary Perfusion Imaging

**Screen:** Harvard Valued - Utilization over 100,000

**Complete?** Yes

**Most Recent RUC Meeting:** February 2010

**Tab** 31

**Specialty Developing Recommendation:** SNM, ACR

**First Identified:** February 2010

**2019 est Medicare Utilization:**

**2007 Work RVU:** 0.49

**2020 Work RVU:**

**2007 NF PE RVU:** 3.84

**2020 NF PE RVU:**

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2010

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

**78594 Deleted from CPT**

**Global:**

**Issue:** Pulmonary Perfusion Imaging

**Screen:** Harvard Valued - Utilization over 100,000

**Complete?** Yes

**Most Recent RUC Meeting:** February 2010

**Tab** 31

**Specialty Developing Recommendation:** SNM, ACR

**First Identified:** February 2010

**2019 est Medicare Utilization:**

**2007 Work RVU:** 0.53

**2020 Work RVU:**

**2007 NF PE RVU:** 5.12

**2020 NF PE RVU:**

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2010

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

**78596 Deleted from CPT**

**Global:**

**Issue:** Pulmonary Perfusion Imaging

**Screen:** Harvard Valued - Utilization over 100,000

**Complete?** Yes

**Most Recent RUC Meeting:** February 2010

**Tab** 31

**Specialty Developing Recommendation:** SNM, ACR

**First Identified:** February 2010

**2019 est Medicare Utilization:**

**2007 Work RVU:** 1.27

**2020 Work RVU:**

**2007 NF PE RVU:** 7.7

**2020 NF PE RVU:**

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2010

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

**78597 Quantitative differential pulmonary perfusion, including imaging when performed**

**Global:** XXX

**Issue:** Pulmonary Imaging

**Screen:** Harvard Valued - Utilization over 100,000

**Complete?** Yes

**Most Recent RUC Meeting:** February 2011

**Tab** 13

**Specialty Developing Recommendation:** ACR, SNM

**First Identified:** February 2010

**2019 est Medicare Utilization:** 1,640

**2007 Work RVU:**

**2020 Work RVU:** 0.75

**2007 NF PE RVU:**

**2020 NF PE RVU:** 4.94

**2007 Fac PE RVU**

**2020 Fac PE RVU:** NA

**Result:** Decrease

**RUC Recommendation:** 0.75

**Referred to CPT** October 2010

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

# Status Report: CMS Requests and Relativity Assessment Issues

78598	Quantitative differential pulmonary perfusion and ventilation (eg, aerosol or gas), including imaging when performed			Global: XXX	Issue: Pulmonary Imaging	Screen: Harvard Valued - Utilization over 100,000	Complete? Yes	
Most Recent RUC Meeting:	February 2011	Tab 13	Specialty Developing Recommendation:	ACR, SNM	First Identified: February 2010	2019 est Medicare Utilization: 3,383	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2020 Work RVU: 0.85 2020 NF PE RVU: 7.77 2020 Fac PE RVU:NA
RUC Recommendation:	0.85				Referred to CPT Referred to CPT Asst <input type="checkbox"/>	October 2010 Published in CPT Asst:		
78803	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), single area (eg, head, neck, chest, pelvis), single day imaging			Global: XXX	Issue: RAW	Screen: Harvard Valued - Utilization over 30,000	Complete? Yes	
Most Recent RUC Meeting:	January 2019	Tab 14	Specialty Developing Recommendation:	ACR, ACNM, SNM	First Identified: January 2016	2019 est Medicare Utilization: 11,736	2007 Work RVU: 1.09 2007 NF PE RVU: 8.73 2007 Fac PE RVU NA Result: Increase	2020 Work RVU: 1.09 2020 NF PE RVU: 9.93 2020 Fac PE RVU:NA
RUC Recommendation:	1.20				Referred to CPT Referred to CPT Asst <input checked="" type="checkbox"/>	Dec 2016 Published in CPT Asst:		
78815	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh			Global: XXX	Issue:	Screen: MPC List	Complete? Yes	
Most Recent RUC Meeting:	February 2011	Tab 41	Specialty Developing Recommendation:	ACR, SNM	First Identified: October 2010	2019 est Medicare Utilization: 604,627	2007 Work RVU: 0.00 2007 NF PE RVU: 0 2007 Fac PE RVU 0 Result: Maintain	2020 Work RVU: 0.00 2020 NF PE RVU: 0.00 2020 Fac PE RVU:NA
RUC Recommendation:	Reaffirmed RUC recommendation				Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

# Status Report: CMS Requests and Relativity Assessment Issues

**79101 Radiopharmaceutical therapy, by intravenous administration**      **Global:** XXX    **Issue:** Radiopharmaceutical Therapy    **Screen:** Different Performing Specialty from Survey    **Complete?** Yes

**Most Recent RUC Meeting:** February 2010    **Tab** 31    **Specialty Developing Recommendation:** SNM, ACR    **First Identified:** October 2009    **2019 est Medicare Utilization:** 12,142    **2007 Work RVU:** 1.96    **2020 Work RVU:** 1.96  
**2007 NF PE RVU:** 2.98    **2020 NF PE RVU:** 2.17  
**2007 Fac PE RVU:** NA    **2020 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** Article published Feb 2012    **Referred to CPT**    **Referred to CPT Asst** ☒    **Published in CPT Asst:** Feb 2012

**80500 Clinical pathology consultation; limited, without review of patient's history and medical records**      **Global:** XXX    **Issue:**    **Screen:** CMS-Other - Utilization over 20,000    **Complete?** No

**Most Recent RUC Meeting:** October 2019    **Tab** 17    **Specialty Developing Recommendation:** CAP    **First Identified:** January 2019    **2019 est Medicare Utilization:** 21,998    **2007 Work RVU:** 0.37    **2020 Work RVU:** 0.37  
**2007 NF PE RVU:** 0.21    **2020 NF PE RVU:** 0.25  
**2007 Fac PE RVU:** 0.15    **2020 Fac PE RVU:** 0.17  
**Result:** Maintain

**RUC Recommendation:** Refer to CPT    **Referred to CPT** October 2020    **Referred to CPT Asst** ☐    **Published in CPT Asst:**

**85060 Blood smear, peripheral, interpretation by physician with written report**      **Global:** XXX    **Issue:** Blood Smear Interpretation    **Screen:** CMS-Other - Utilization over 100,000    **Complete?** Yes

**Most Recent RUC Meeting:** April 2017    **Tab** 30    **Specialty Developing Recommendation:** CAP    **First Identified:** April 2016    **2019 est Medicare Utilization:** 185,409    **2007 Work RVU:** 0.45    **2020 Work RVU:** 0.45  
**2007 NF PE RVU:** 0.17    **2020 NF PE RVU:** NA  
**2007 Fac PE RVU:** 0.17    **2020 Fac PE RVU:** 0.22  
**Result:** Maintain

**RUC Recommendation:** 0.45    **Referred to CPT**    **Referred to CPT Asst** ☐    **Published in CPT Asst:**

**85097 Bone marrow, smear interpretation**      **Global:** XXX    **Issue:** Bone Marrow Interpretation    **Screen:** CMS-Other - Utilization over 100,000    **Complete?** Yes

**Most Recent RUC Meeting:** April 2017    **Tab** 31    **Specialty Developing Recommendation:** CAP    **First Identified:** April 2016    **2019 est Medicare Utilization:** 140,727    **2007 Work RVU:** 0.94    **2020 Work RVU:** 0.94  
**2007 NF PE RVU:** 1.76    **2020 NF PE RVU:** 0.99  
**2007 Fac PE RVU:** 0.38    **2020 Fac PE RVU:** 0.43  
**Result:** Increase

**RUC Recommendation:** 1.00    **Referred to CPT**    **Referred to CPT Asst** ☐    **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**85390** Fibrinolysins or coagulopathy screen, interpretation and report **Global:** XXX **Issue:** Fibrinolysins Screen **Screen:** Negative IWPUT **Complete?** Yes

**Most Recent** **Tab** 26 **Specialty Developing** **First** **2019 est** **2007 Work RVU:** 0.00 **2020 Work RVU:** 0.00  
**RUC Meeting:** January 2018 **Recommendation:** **Identified:** April 2017 **Medicare** **2007 NF PE RVU:** 0 **2020 NF PE RVU:** 0.00  
**Utilization:** 34,588 **2007 Fac PE RVU** 0 **2020 Fac PE RVU:**0.00  
**RUC Recommendation:** 0.75 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

**88104** Cytopathology, fluids, washings or brushings, except cervical or vaginal; smears with interpretation **Global:** XXX **Issue:** Cytopathology **Screen:** Harvard Valued - Utilization over 100,000 / Final Rule for 2015 **Complete?** Yes

**Most Recent** **Tab** 36 **Specialty Developing** AUR, ASC, **First** **2019 est** **2007 Work RVU:** 0.56 **2020 Work RVU:** 0.56  
**RUC Meeting:** April 2015 **Recommendation:** CAP **Identified:** October 2009 **Medicare** **2007 NF PE RVU:** 0.93 **2020 NF PE RVU:** 1.35  
**Utilization:** 65,152 **2007 Fac PE RVU** NA **2020 Fac PE RVU:**NA  
**RUC Recommendation:** New PE Inputs. 0.56 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

**88106** Cytopathology, fluids, washings or brushings, except cervical or vaginal; simple filter method with interpretation **Global:** XXX **Issue:** Cytopathology **Screen:** Harvard Valued - Utilization over 100,000 / Final Rule for 2015 **Complete?** Yes

**Most Recent** **Tab** 36 **Specialty Developing** AUR, ASC, **First** **2019 est** **2007 Work RVU:** 0.56 **2020 Work RVU:** 0.37  
**RUC Meeting:** April 2015 **Recommendation:** CAP **Identified:** February 2010 **Medicare** **2007 NF PE RVU:** 1.39 **2020 NF PE RVU:** 1.44  
**Utilization:** 5,360 **2007 Fac PE RVU** NA **2020 Fac PE RVU:**NA  
**RUC Recommendation:** New PE Inputs. 0.56 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

## Status Report: CMS Requests and Relativity Assessment Issues

**88107 Deleted from CPT** **Global:** **Issue:** Cytopathology **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

**Most Recent** **Tab 17** **Specialty Developing** AUR, ASC, **First** **2019 est** **2007 Work RVU:** 0.76 **2020 Work RVU:**  
**RUC Meeting:** October 2010 **Recommendation:** CAP **Identified:** February 2010 **Medicare** **2007 NF PE RVU:** 1.66 **2020 NF PE RVU:**  
**Utilization:** **2007 Fac PE RVU** NA **2020 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**88108 Cytopathology, concentration technique, smears and interpretation (eg, Saccomanno technique)** **Global:** XXX **Issue:** Cytopathology Concentration Technique- PE Only **Screen:** Harvard Valued - Utilization over 100,000 / Final Rule for 2015 **Complete?** Yes

**Most Recent** **Tab 36** **Specialty Developing** ACR, CAP **First** **2019 est** **2007 Work RVU:** 0.56 **2020 Work RVU:** 0.44  
**RUC Meeting:** April 2015 **Recommendation:** **Identified:** February 2010 **Medicare** **2007 NF PE RVU:** 1.27 **2020 NF PE RVU:** 1.29  
**Utilization:** 229,625 **2007 Fac PE RVU** NA **2020 Fac PE RVU:** NA

**RUC Recommendation:** New PE Inputs. 0.56 **Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**88112 Cytopathology, selective cellular enhancement technique with interpretation (eg, liquid based slide preparation method), except cervical or vaginal** **Global:** XXX **Issue:** Cytopathology Concentration Technique- PE Only **Screen:** CMS High Expenditure Procedural Codes1 / Final Rule for 2015 **Complete?** Yes

**Most Recent** **Tab 36** **Specialty Developing** ACR, CAP **First** **2019 est** **2007 Work RVU:** 1.18 **2020 Work RVU:** 0.56  
**RUC Meeting:** April 2015 **Recommendation:** **Identified:** September 2011 **Medicare** **2007 NF PE RVU:** 1.85 **2020 NF PE RVU:** 1.32  
**Utilization:** 886,295 **2007 Fac PE RVU** NA **2020 Fac PE RVU:** NA

**RUC Recommendation:** New PE Inputs. 0.56 **Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

<b>88120</b>	Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; manual	<b>Global:</b> XXX	<b>Issue:</b> RAW review	<b>Screen:</b> CMS Request - Final Rule for 2013	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2017	<b>Tab</b> 19 <b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> November 2012	<b>2019 est Medicare Utilization:</b> 49,876	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU</b> <b>Result:</b> Maintain	<b>2020 Work RVU:</b> 1.20 <b>2020 NF PE RVU:</b> 15.09 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> Utilization shift is appropriate.		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>	

<b>88121</b>	Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; using computer-assisted technology	<b>Global:</b> XXX	<b>Issue:</b> RAW review	<b>Screen:</b> CMS Request - Final Rule for 2013	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2017	<b>Tab</b> 19 <b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> November 2012	<b>2019 est Medicare Utilization:</b> 28,769	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU</b> <b>Result:</b> Maintain	<b>2020 Work RVU:</b> 1.00 <b>2020 NF PE RVU:</b> 11.45 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> Utilization shift is appropriate.		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>	

<b>88141</b>	Cytopathology, cervical or vaginal (any reporting system), requiring interpretation by physician	<b>Global:</b> XXX	<b>Issue:</b> Cytopathology Cervical/Vaginal	<b>Screen:</b> CMS-Other - Utilization over 30,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2018	<b>Tab</b> 26 <b>Specialty Developing Recommendation:</b> CAP	<b>First Identified:</b> October 2017	<b>2019 est Medicare Utilization:</b> 55,857	<b>2007 Work RVU:</b> 0.42 <b>2007 NF PE RVU:</b> 0.21 <b>2007 Fac PE RVU</b> 0.21 <b>Result:</b> Maintain	<b>2020 Work RVU:</b> 0.26 <b>2020 NF PE RVU:</b> 0.46 <b>2020 Fac PE RVU:</b> 0.46
<b>RUC Recommendation:</b> 0.42		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>	

## Status Report: CMS Requests and Relativity Assessment Issues

88160    Cytopathology, smears, any other source; screening and interpretation			Global: XXX	Issue: Cytopathology Concentration Technique - PE Only	Screen: CMS Request - Final Rule for 2015	Complete? Yes
Most Recent RUC Meeting: April 2015	Tab 36	Specialty Developing Recommendation:	First Identified: April 2015	2019 est Medicare Utilization: 8,020	2007 Work RVU: 0.50 2007 NF PE RVU: 0.85 2007 Fac PE RVU NA Result: PE Only	2020 Work RVU: 0.50 2020 NF PE RVU: 1.49 2020 Fac PE RVU:NA
RUC Recommendation: New PE Inputs			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
88161    Cytopathology, smears, any other source; preparation, screening and interpretation			Global: XXX	Issue: Cytopathology Concentration Technique - PE Only	Screen: CMS Request - Final Rule for 2015	Complete? Yes
Most Recent RUC Meeting: April 2015	Tab 36	Specialty Developing Recommendation:	First Identified: April 2015	2019 est Medicare Utilization: 4,156	2007 Work RVU: 0.50 2007 NF PE RVU: 0.99 2007 Fac PE RVU NA Result: PE Only	2020 Work RVU: 0.50 2020 NF PE RVU: 1.41 2020 Fac PE RVU:NA
RUC Recommendation: New PE Inputs			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
88162    Cytopathology, smears, any other source; extended study involving over 5 slides and/or multiple stains			Global: XXX	Issue: Cytopathology Concentration Technique - PE Only	Screen: CMS Request - Final Rule for 2015	Complete? Yes
Most Recent RUC Meeting: April 2015	Tab 36	Specialty Developing Recommendation:	First Identified: April 2015	2019 est Medicare Utilization: 1,306	2007 Work RVU: 0.76 2007 NF PE RVU: 1.05 2007 Fac PE RVU NA Result: PE Only	2020 Work RVU: 0.76 2020 NF PE RVU: 2.01 2020 Fac PE RVU:NA
RUC Recommendation: New PE Inputs			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		



# Status Report: CMS Requests and Relativity Assessment Issues

<b>88184</b>	Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; first marker	<b>Global:</b> XXX	<b>Issue:</b> Flow Cytometry	<b>Screen:</b> CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2018	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b>	<b>Specialty Developing Recommendation:</b> CAP	<b>First Identified:</b> July 2015	<b>2019 est Medicare Utilization:</b> 104,681	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> 1.6 <b>2007 Fac PE RVU</b> NA <b>2020 Work RVU:</b> 0.00 <b>2020 NF PE RVU:</b> 1.87 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> New PE Inputs. Removed from FR 2018 as misvalued.			<b>Referred to CPT</b>		<b>Result:</b> PE Only
			<b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>
<b>88185</b>	Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; each additional marker (List separately in addition to code for first marker)	<b>Global:</b> ZZZ	<b>Issue:</b> Flow Cytometry	<b>Screen:</b> CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2018	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b>	<b>Specialty Developing Recommendation:</b> CAP	<b>First Identified:</b> July 2015	<b>2019 est Medicare Utilization:</b> 1,918,080	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> 0.85 <b>2007 Fac PE RVU</b> NA <b>2020 Work RVU:</b> 0.00 <b>2020 NF PE RVU:</b> 0.62 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> New PE Inputs. Removed from FR 2018 as misvalued.			<b>Referred to CPT</b>		<b>Result:</b> PE Only
			<b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>
<b>88187</b>	Flow cytometry, interpretation; 2 to 8 markers	<b>Global:</b> XXX	<b>Issue:</b> Flow Cytometry Interpretation	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab 42</b>	<b>Specialty Developing Recommendation:</b> CAP	<b>First Identified:</b> July 2015	<b>2019 est Medicare Utilization:</b> 42,225	<b>2007 Work RVU:</b> 1.36 <b>2007 NF PE RVU:</b> 0.44 <b>2007 Fac PE RVU</b> 0.44 <b>2020 Work RVU:</b> 0.74 <b>2020 NF PE RVU:</b> 0.30 <b>2020 Fac PE RVU:</b> 0.30
<b>RUC Recommendation:</b> 0.74			<b>Referred to CPT</b>		<b>Result:</b> Decrease
			<b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>

## Status Report: CMS Requests and Relativity Assessment Issues

### 88188 Flow cytometry, interpretation; 9 to 15 markers

Global: XXX

Issue: Flow Cytometry Interpretation

Screen: CMS High Expenditure Procedural Codes2

Complete? Yes

Most Recent RUC Meeting: January 2016

Tab 42

Specialty Developing Recommendation: CAP

First Identified: July 2015

2019 est Medicare Utilization: 38,197

2007 Work RVU: 1.69

2020 Work RVU: 1.20

2007 NF PE RVU: 0.54

2020 NF PE RVU: 0.57

2007 Fac PE RVU 0.54

2020 Fac PE RVU:0.57

Result: Decrease

RUC Recommendation: 1.40

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

### 88189 Flow cytometry, interpretation; 16 or more markers

Global: XXX

Issue: Flow Cytometry Interpretation

Screen: CMS High Expenditure Procedural Codes2

Complete? Yes

Most Recent RUC Meeting: January 2016

Tab 42

Specialty Developing Recommendation: CAP

First Identified: July 2015

2019 est Medicare Utilization: 222,162

2007 Work RVU: 2.23

2020 Work RVU: 1.70

2007 NF PE RVU: 0.68

2020 NF PE RVU: 0.67

2007 Fac PE RVU 0.68

2020 Fac PE RVU:0.67

Result: Decrease

RUC Recommendation: 1.70

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

### 88300 Level I - Surgical pathology, gross examination only

Global: XXX

Issue: Pathology Consultations

Screen: Havard Valued - Utilization over 1 Million / Low Value-Billed in Multiple Units / CMS Request - Final Rule for 2012

Complete? Yes

Most Recent RUC Meeting: January 2012

Tab 24

Specialty Developing Recommendation: AAD, AGA, CAP, ASGE

First Identified: February 2009

2019 est Medicare Utilization: 207,562

2007 Work RVU: 0.08

2020 Work RVU: 0.08

2007 NF PE RVU: 0.49

2020 NF PE RVU: 0.34

2007 Fac PE RVU NA

2020 Fac PE RVU:NA

Result: Maintain

RUC Recommendation: 0.08 and new PE inputs

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

## Status Report: CMS Requests and Relativity Assessment Issues

**88302** Level II - Surgical pathology, gross and microscopic examination Appendix, incidental Fallopian tube, sterilization Fingers/toes, amputation, traumatic Foreskin, newborn Hernia sac, any location Hydrocele sac Nerve Skin, plastic repair Sympathetic ganglion Testis, castration Vaginal mucosa, incidental Vas deferens, sterilization

**Global:** XXX **Issue:** Pathology Consultations

**Screen:** Havard Valued - Utilization over 1 Million / CMS Request - Final Rule for 2012

**Complete?** Yes

**Most Recent RUC Meeting:** January 2012

**Tab** 24

**Specialty Developing Recommendation:** AAD, AGA, CAP, ASGE

**First Identified:** February 2009

**2019 est Medicare Utilization:** 75,443

**2007 Work RVU:** 0.13

**2020 Work RVU:** 0.13

**2007 NF PE RVU:** 1.1

**2020 NF PE RVU:** 0.72

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**NA

**Result:** Maintain

**RUC Recommendation:** 0.13 and new PE inputs

**Referred to CPT**

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

**88304** Level III - Surgical pathology, gross and microscopic examination Abortion, induced Abscess Aneurysm - arterial/ventricular Anus, tag Appendix, other than incidental Artery, atheromatous plaque Bartholin's gland cyst Bone fragment(s), other than pathologic fracture Bursa/synovial cyst Carpal tunnel tissue Cartilage, shavings Cholesteatoma Colon, colostomy stoma Conjunctiva - biopsy/pterygium Cornea Diverticulum - esophagus/small intestine Dupuytren's contracture tissue Femoral head, other than fracture Fissure/fistula Foreskin, other than newborn Gallbladder Ganglion cyst Hematoma Hemorrhoids Hydatid of Morgagni Intervertebral disc Joint, loose body Meniscus Mucocele, salivary Neuroma - Morton's/traumatic Pilonidal cyst/sinus Polyps, inflammatory - nasal/sinusoidal Skin - cyst/tag/debridement Soft tissue, debridement Soft tissue, lipoma Spermatocoele Tendon/tendon sheath Testicular appendage Thrombus or embolus Tonsil and/or adenoids Varicocele Vas deferens, other than sterilization Vein, varicosity

**Global:** XXX **Issue:** Pathology Consultations

**Screen:** Havard Valued - Utilization over 1 Million / Low Value-High Volume / CMS Request - Final Rule for 2012

**Complete?** Yes

**Most Recent RUC Meeting:** January 2012

**Tab** 24

**Specialty Developing Recommendation:** AAD, AGA, CAP, ASGE

**First Identified:** October 2008

**2019 est Medicare Utilization:** 967,907

**2007 Work RVU:** 0.22

**2020 Work RVU:** 0.22

**2007 NF PE RVU:** 1.37

**2020 NF PE RVU:** 0.92

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**NA

**Result:** Maintain

**RUC Recommendation:** 0.22 and new PE inputs

**Referred to CPT**

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

# Status Report: CMS Requests and Relativity Assessment Issues

88305	<b>Level IV - Surgical pathology, gross and microscopic examination</b> Abortion - spontaneous/missed Artery, biopsy Bone marrow, biopsy Bone exostosis Brain/meninges, other than for tumor resection Breast, biopsy, not requiring microscopic evaluation of surgical margins Breast, reduction mammoplasty Bronchus, biopsy Cell block, any source Cervix, biopsy Colon, biopsy Duodenum, biopsy Endocervix, curettings/biopsy Endometrium, curettings/biopsy Esophagus, biopsy Extremity, amputation, traumatic Fallopian tube, biopsy Fallopian tube, ectopic pregnancy Femoral head, fracture Fingers/toes, amputation, non-traumatic Gingiva/oral mucosa, biopsy Heart valve Joint, resection Kidney, biopsy Larynx, biopsy Leiomyoma(s), uterine myomectomy - without uterus Lip, biopsy/wedge resection Lung, transbronchial biopsy Lymph node, biopsy Muscle, biopsy Nasal mucosa, biopsy Nasopharynx/oropharynx, biopsy Nerve, biopsy Odontogenic/dental cyst Omentum, biopsy Ovary with or without tube, non-neoplastic Ovary, biopsy/wedge resection Parathyroid gland Peritoneum, biopsy Pituitary tumor Placenta, other than third trimester Pleura/pericardium - biopsy/tissue Polyp, cervical/endometrial Polyp, colorectal Polyp, stomach/small intestine Prostate, needle biopsy Prostate, TUR Salivary gland, biopsy Sinus, paranasal biopsy Skin, other than cyst/tag/debridement/plastic repair Small intestine, biopsy Soft tissue, other than tumor/mass/lipoma/debridement Spleen Stomach, biopsy Synovium Testis, other than tumor/biopsy/castration Thyroglossal duct/brachial cleft cyst Tongue, biopsy Tonsil, biopsy Trachea, biopsy Ureter, biopsy Urethra, biopsy Urinary bladder, biopsy Uterus, with or without tubes and ovaries, for prolapse Vagina, biopsy Vulva/labia, biopsy	Global: XXX	Issue: Pathology Consultations	Screen: Havard Valued - Utilization over 1 Million / CMS Request - Final Rule for 2012	Complete? Yes
<b>Most Recent RUC Meeting:</b> January 2012	<b>Tab 24 Specialty Developing Recommendation:</b> AAD, AGA, CAP, ASGE	<b>First Identified:</b> October 2008	<b>2019 est Medicare Utilization:</b> 17,561,979	<b>2007 Work RVU:</b> 0.75 <b>2007 NF PE RVU:</b> 1.97 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Maintain	<b>2020 Work RVU:</b> 0.75 <b>2020 NF PE RVU:</b> 1.21 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.75 and new PE inputs		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			

## Status Report: CMS Requests and Relativity Assessment Issues

**88307** Level V - Surgical pathology, gross and microscopic examination Adrenal, resection Bone - biopsy/curettings Bone fragment(s), pathologic fracture Brain, biopsy Brain/meninges, tumor resection Breast, excision of lesion, requiring microscopic evaluation of surgical margins Breast, mastectomy - partial/simple Cervix, conization Colon, segmental resection, other than for tumor Extremity, amputation, non-traumatic Eye, enucleation Kidney, partial/total nephrectomy Larynx, partial/total resection Liver, biopsy - needle/wedge Liver, partial resection Lung, wedge biopsy Lymph nodes, regional resection Mediastinum, mass Myocardium, biopsy Odontogenic tumor Ovary with or without tube, neoplastic Pancreas, biopsy Placenta, third trimester Prostate, except radical resection Salivary gland Sentinel lymph node Small intestine, resection, other than for tumor Soft tissue mass (except lipoma) - biopsy/simple excision Stomach - subtotal/total resection, other than for tumor Testis, biopsy Thymus, tumor Thyroid, total/lobe Ureter, resection Urinary bladder, TUR Uterus, with or without tubes and ovaries, other than neoplastic/prolapse

**Global:** XXX

**Issue:** Pathology Consultations

**Screen:** Havard Valued - Utilization over 1 Million / CMS Request- Final Rule for 2012

**Complete?** Yes

**Most Recent RUC Meeting:** January 2012

**Tab** 24

**Specialty Developing Recommendation:** AAD, AGA, CAP, ASGE

**First Identified:** February 2009

**2019 est Medicare Utilization:** 983,152

**2007 Work RVU:** 1.59

**2020 Work RVU:** 1.59

**2007 NF PE RVU:** 3.48

**2020 NF PE RVU:** 6.15

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**NA

**Result:** Maintain

**RUC Recommendation:** 1.59 and new PE inputs

**Referred to CPT**

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

**88309** Level VI - Surgical pathology, gross and microscopic examination Bone resection Breast, mastectomy - with regional lymph nodes Colon, segmental resection for tumor Colon, total resection Esophagus, partial/total resection Extremity, disarticulation Fetus, with dissection Larynx, partial/total resection - with regional lymph nodes Lung - total/lobe/segment resection Pancreas, total/subtotal resection Prostate, radical resection Small intestine, resection for tumor Soft tissue tumor, extensive resection Stomach - subtotal/total resection for tumor Testis, tumor Tongue/tonsil -resection for tumor Urinary bladder, partial/total resection Uterus, with or without tubes and ovaries, neoplastic Vulva, total/subtotal resection

**Global:** XXX

**Issue:** Pathology Services

**Screen:** Havard Valued - Utilization over 1 Million / CMS Request- Final Rule for 2012

**Complete?** Yes

**Most Recent RUC Meeting:** January 2012

**Tab** 24

**Specialty Developing Recommendation:** AAD, AGA, CAP, ASGE

**First Identified:** February 2009

**2019 est Medicare Utilization:** 150,124

**2007 Work RVU:** 2.80

**2020 Work RVU:** 2.80

**2007 NF PE RVU:** 4.86

**2020 NF PE RVU:** 8.97

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**NA

**Result:** Maintain

**RUC Recommendation:** 2.80 and new PE inputs

**Referred to CPT**

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

# Status Report: CMS Requests and Relativity Assessment Issues

<b>88312</b>	Special stain including interpretation and report; Group I for microorganisms (eg, acid fast, methenamine silver)	<b>Global:</b> XXX	<b>Issue:</b> Special Stains	<b>Screen:</b> Havard Valued - Utilization over 1 Million / CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2012	<b>Tab</b> 33 <b>Specialty Developing Recommendation:</b> CAP	<b>First Identified:</b> October 2008	<b>2019 est Medicare Utilization:</b> 1,383,233	<b>2007 Work RVU:</b> 0.54 <b>2007 NF PE RVU:</b> 1.76 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Maintain	<b>2020 Work RVU:</b> 0.54 <b>2020 NF PE RVU:</b> 2.41 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.54		<b>Referred to CPT</b> June 2010 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>88313</b>	Special stain including interpretation and report; Group II, all other (eg, iron, trichrome), except stain for microorganisms, stains for enzyme constituents, or immunocytochemistry and immunohistochemistry	<b>Global:</b> XXX	<b>Issue:</b> Special Stains	<b>Screen:</b> Havard Valued - Utilization over 1 Million / Low Value-High Volume	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2011	<b>Tab</b> 33 <b>Specialty Developing Recommendation:</b> CAP	<b>First Identified:</b> October 2008	<b>2019 est Medicare Utilization:</b> 1,362,216	<b>2007 Work RVU:</b> 0.24 <b>2007 NF PE RVU:</b> 1.42 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Maintain	<b>2020 Work RVU:</b> 0.24 <b>2020 NF PE RVU:</b> 1.88 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.24		<b>Referred to CPT</b> June 2010 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>88314</b>	Special stain including interpretation and report; histochemical stain on frozen tissue block (List separately in addition to code for primary procedure)	<b>Global:</b> XXX	<b>Issue:</b> Special Stains	<b>Screen:</b> Havard Valued - Utilization over 1 Million	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2011	<b>Tab</b> 33 <b>Specialty Developing Recommendation:</b> CAP	<b>First Identified:</b> February 2009	<b>2019 est Medicare Utilization:</b> 21,474	<b>2007 Work RVU:</b> 0.45 <b>2007 NF PE RVU:</b> 2.04 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Maintain	<b>2020 Work RVU:</b> 0.45 <b>2020 NF PE RVU:</b> 2.26 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.45		<b>Referred to CPT</b> June 2010 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

# Status Report: CMS Requests and Relativity Assessment Issues

**88318 Deleted from CPT**

**Global:**

**Issue:** Special Stains

**Screen:** Havard Valued - Utilization over 1 Million

**Complete?** Yes

**Most Recent RUC Meeting:** February 2010

**Tab** 22

**Specialty Developing Recommendation:** CAP, AAD

**First Identified:**

**2019 est Medicare Utilization:**

**2007 Work RVU:** 0.42

**2020 Work RVU:**

**2007 NF PE RVU:** 1.98

**2020 NF PE RVU:**

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** June 2010

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

**88319 Special stain including interpretation and report; Group III, for enzyme constituents**

**Global:** XXX

**Issue:** Special Stains

**Screen:** Havard Valued - Utilization over 1 Million

**Complete?** Yes

**Most Recent RUC Meeting:** February 2011

**Tab** 33

**Specialty Developing Recommendation:** CAP

**First Identified:**

**2019 est Medicare Utilization:** 17,807

**2007 Work RVU:** 0.53

**2020 Work RVU:** 0.53

**2007 NF PE RVU:** 3.36

**2020 NF PE RVU:** 2.60

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:** NA

**Result:** Maintain

**RUC Recommendation:** 0.53

**Referred to CPT** June 2010

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

**88321 Consultation and report on referred slides prepared elsewhere**

**Global:** XXX

**Issue:** Microslide Consultation

**Screen:** CMS High Expenditure Procedural Codes2

**Complete?** Yes

**Most Recent RUC Meeting:** January 2016

**Tab** 43

**Specialty Developing Recommendation:** CAP, ASC

**First Identified:** July 2015

**2019 est Medicare Utilization:** 182,148

**2007 Work RVU:** 1.63

**2020 Work RVU:** 1.63

**2007 NF PE RVU:** 0.78

**2020 NF PE RVU:** 1.12

**2007 Fac PE RVU** 0.54

**2020 Fac PE RVU:** 0.72

**Result:** Maintain

**RUC Recommendation:** 1.63

**Referred to CPT**

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

**88323 Consultation and report on referred material requiring preparation of slides**

**Global:** XXX

**Issue:** Microslide Consultation

**Screen:** CMS High Expenditure Procedural Codes2

**Complete?** Yes

**Most Recent RUC Meeting:** January 2016

**Tab** 43

**Specialty Developing Recommendation:** CAP, ASC

**First Identified:** July 2015

**2019 est Medicare Utilization:** 35,000

**2007 Work RVU:** 1.83

**2020 Work RVU:** 1.83

**2007 NF PE RVU:** 1.88

**2020 NF PE RVU:** 1.40

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:** NA

**Result:** Maintain

**RUC Recommendation:** 1.83

**Referred to CPT**

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

# Status Report: CMS Requests and Relativity Assessment Issues

<b>88325</b> Consultation, comprehensive, with review of records and specimens, with report on referred material				<b>Global:</b> XXX	<b>Issue:</b> Microslide Consultation	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 43	<b>Specialty Developing Recommendation:</b>	CAP, ASC	<b>First Identified:</b> July 2015	<b>2019 est Medicare Utilization:</b> 11,656	<b>2007 Work RVU:</b> 2.50 <b>2007 NF PE RVU:</b> 2.76 <b>2007 Fac PE RVU:</b> 0.87 <b>Result:</b> Increase	<b>2020 Work RVU:</b> 2.85 <b>2020 NF PE RVU:</b> 1.99 <b>2020 Fac PE RVU:</b> 1.21
<b>RUC Recommendation:</b> 2.85				<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>88329</b> Pathology consultation during surgery;				<b>Global:</b> XXX	<b>Issue:</b> Pathology Consultation During Surgery	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2010	<b>Tab</b> 18	<b>Specialty Developing Recommendation:</b>	CAP	<b>First Identified:</b> February 2010	<b>2019 est Medicare Utilization:</b> 27,870	<b>2007 Work RVU:</b> 0.67 <b>2007 NF PE RVU:</b> 0.66 <b>2007 Fac PE RVU:</b> 0.27 <b>Result:</b> Maintain	<b>2020 Work RVU:</b> 0.67 <b>2020 NF PE RVU:</b> 0.79 <b>2020 Fac PE RVU:</b> 0.33
<b>RUC Recommendation:</b> 0.67				<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>88331</b> Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen				<b>Global:</b> XXX	<b>Issue:</b> Pathology Consultation During Surgery	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2010	<b>Tab</b> 18	<b>Specialty Developing Recommendation:</b>	CAP	<b>First Identified:</b> October 2009	<b>2019 est Medicare Utilization:</b> 448,638	<b>2007 Work RVU:</b> 1.19 <b>2007 NF PE RVU:</b> 1.14 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Maintain	<b>2020 Work RVU:</b> 1.19 <b>2020 NF PE RVU:</b> 1.56 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 1.19				<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>88332</b> Pathology consultation during surgery; each additional tissue block with frozen section(s) (List separately in addition to code for primary procedure)				<b>Global:</b> XXX	<b>Issue:</b> Pathology Consultation During Surgery	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2010	<b>Tab</b> 18	<b>Specialty Developing Recommendation:</b>	CAP	<b>First Identified:</b> October 2009	<b>2019 est Medicare Utilization:</b> 163,257	<b>2007 Work RVU:</b> 0.59 <b>2007 NF PE RVU:</b> 0.46 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Maintain	<b>2020 Work RVU:</b> 0.59 <b>2020 NF PE RVU:</b> 0.93 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.59				<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		



## Status Report: CMS Requests and Relativity Assessment Issues

**88333** Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), initial site **Global:** XXX **Issue:** Pathology Consultation During Surgery **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

**Most Recent RUC Meeting:** April 2016

**Tab 39 Specialty Developing Recommendation:** ASC, CAP

**First Identified:** July 2015

**2019 est Medicare Utilization:** 69,359

**2007 Work RVU:** 1.20

**2020 Work RVU:** 1.20

**2007 NF PE RVU:** 1.15

**2020 NF PE RVU:** 1.32

**2007 Fac PE RVU:** NA

**2020 Fac PE RVU:** NA

**Result:** Maintain

**RUC Recommendation:** 1.20

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**88334** Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), each additional site (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Pathology Consultation During Surgery **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

**Most Recent RUC Meeting:** April 2016

**Tab 39 Specialty Developing Recommendation:** ASC, CAP

**First Identified:** July 2015

**2019 est Medicare Utilization:** 31,996

**2007 Work RVU:** 0.73

**2020 Work RVU:** 0.73

**2007 NF PE RVU:** 0.65

**2020 NF PE RVU:** 0.86

**2007 Fac PE RVU:** NA

**2020 Fac PE RVU:** NA

**Result:** Maintain

**RUC Recommendation:** 0.73

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**88341** Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab 21 Specialty Developing Recommendation:** CAP

**First Identified:** November 2013

**2019 est Medicare Utilization:** 3,097,983

**2007 Work RVU:**

**2020 Work RVU:** 0.56

**2007 NF PE RVU:**

**2020 NF PE RVU:** 2.04

**2007 Fac PE RVU**

**2020 Fac PE RVU:** NA

**Result:** Decrease

**RUC Recommendation:** 0.65

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**88342** Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure **Global:** XXX **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS-Other - Utilization over 500,000 / CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2014 **Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab 21 Specialty Developing Recommendation:** CAP

**First Identified:** April 2011

**2019 est Medicare Utilization:** 2,040,539

**2007 Work RVU:** 0.85 **2020 Work RVU:** 0.70

**2007 NF PE RVU:** 1.6 **2020 NF PE RVU:** 2.25

**2007 Fac PE RVU:** NA **2020 Fac PE RVU:** NA

**Result:** Decrease

**RUC Recommendation:** 0.70

**Referred to CPT** May 2012

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

**88343** Immunohistochemistry or immunocytochemistry, each separately identifiable antibody per block, cytologic preparation, or hematologic smear; each additional separately identifiable antibody per slide (List separately in addition to code for primary procedure)

**Global:**

**Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s)

**Screen:** CMS Request - Final Rule for 2014

**Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab 21 Specialty Developing Recommendation:** CAP

**First Identified:** November 2013

**2019 est Medicare Utilization:**

**2007 Work RVU:**

**2020 Work RVU:**

**2007 NF PE RVU:**

**2020 NF PE RVU:**

**2007 Fac PE RVU**

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**

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

**88344** Immunohistochemistry or immunocytochemistry, per specimen; each multiplex antibody stain procedure

**Global:** XXX

**Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s)

**Screen:** CMS Request - Final Rule for 2014

**Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab 21 Specialty Developing Recommendation:** CAP

**First Identified:** November 2013

**2019 est Medicare Utilization:** 132,224

**2007 Work RVU:**

**2020 Work RVU:** 0.77

**2007 NF PE RVU:**

**2020 NF PE RVU:** 4.07

**2007 Fac PE RVU**

**2020 Fac PE RVU:** NA

**Result:** Decrease

**RUC Recommendation:** 0.77

**Referred to CPT**

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

## Status Report: CMS Requests and Relativity Assessment Issues

**88346** Immunofluorescence, per specimen; initial single antibody stain procedure      **Global:** XXX      **Issue:** Immunofluorescent Studies      **Screen:** CMS-Other - Utilization over 250,000      **Complete?** Yes

**Most Recent RUC Meeting:** January 2015

**Tab 17**      **Specialty Developing Recommendation:** CAP, ASC

**First Identified:** April 2013

**2019 est Medicare Utilization:** 61,000

**2007 Work RVU:** 0.86

**2020 Work RVU:** 0.74

**2007 NF PE RVU:** 1.67

**2020 NF PE RVU:** 2.80

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**NA

**Result:** Decrease

**RUC Recommendation:** 0.74

**Referred to CPT**      October 2014

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

**88347** Immunofluorescent study, each antibody; indirect method

**Global:**

**Issue:** Immunofluorescent Studies      **Screen:** CMS-Other - Utilization over 250,000

**Complete?** Yes

**Most Recent RUC Meeting:** January 2015

**Tab 17**      **Specialty Developing Recommendation:** CAP, ASC

**First Identified:** October 2013

**2019 est Medicare Utilization:**

**2007 Work RVU:** 0.86

**2020 Work RVU:**

**2007 NF PE RVU:** 1.28

**2020 NF PE RVU:**

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**      October 2014

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

**88348** Electron microscopy, diagnostic

**Global:** XXX

**Issue:** Electron Microscopy-PE Only

**Screen:** Services with Stand-Alone PE Procedure Time

**Complete?** Yes

**Most Recent RUC Meeting:** October 2013

**Tab 14**      **Specialty Developing Recommendation:** CAP

**First Identified:** October 2012

**2019 est Medicare Utilization:** 17,170

**2007 Work RVU:** 1.51

**2020 Work RVU:** 1.51

**2007 NF PE RVU:** 11.48

**2020 NF PE RVU:** 9.33

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**NA

**Result:** PE Only

**RUC Recommendation:** New PE Inputs

**Referred to CPT**

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

## Status Report: CMS Requests and Relativity Assessment Issues

<b>88349</b>	Electron microscopy; scanning		<b>Global:</b>	<b>Issue:</b> Electron Microscopy-PE Only	<b>Screen:</b> Services with Stand-Alone PE Procedure Time	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2013	<b>Tab</b> 14	<b>Specialty Developing Recommendation:</b> CAP	<b>First Identified:</b> October 2012	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> 0.76 <b>2007 NF PE RVU:</b> 4.88 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Deleted from CPT	<b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> Oct 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>						
<b>88350</b>	Immunofluorescence, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)		<b>Global:</b> ZZZ	<b>Issue:</b> Immunofluorescent Studies	<b>Screen:</b> CMS-Other - Utilization over 250,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2015	<b>Tab</b> 17	<b>Specialty Developing Recommendation:</b> CAP, ASC	<b>First Identified:</b> October 2014	<b>2019 est Medicare Utilization:</b> 260,841	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU</b> <b>Result:</b> Decrease	<b>2020 Work RVU:</b> 0.59 <b>2020 NF PE RVU:</b> 2.00 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.70			<b>Referred to CPT</b> October 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>						
<b>88356</b>	Morphometric analysis; nerve		<b>Global:</b> XXX	<b>Issue:</b> RAW	<b>Screen:</b> High Volume Growth2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 37	<b>Specialty Developing Recommendation:</b> ASCP, CAP	<b>First Identified:</b> April 2013	<b>2019 est Medicare Utilization:</b> 15,440	<b>2007 Work RVU:</b> 3.02 <b>2007 NF PE RVU:</b> 4.79 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Decrease	<b>2020 Work RVU:</b> 2.80 <b>2020 NF PE RVU:</b> 3.76 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 2.80			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

## Status Report: CMS Requests and Relativity Assessment Issues

<b>88360</b>	Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, per specimen, each single antibody stain procedure; manual	<b>Global:</b> XXX	<b>Issue:</b> Tumor Immunohistochemistry	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab</b> 40 <b>Specialty Developing Recommendation:</b> ASC, CAP	<b>First Identified:</b> July 2015	<b>2019 est Medicare Utilization:</b> 506,136	<b>2007 Work RVU:</b> 1.10 <b>2007 NF PE RVU:</b> 1.87 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Decrease	<b>2020 Work RVU:</b> 0.85 <b>2020 NF PE RVU:</b> 2.66 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.85		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>88361</b>	Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, per specimen, each single antibody stain procedure; using computer-assisted technology	<b>Global:</b> XXX	<b>Issue:</b> Tumor Immunohistochemistry	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab</b> 40 <b>Specialty Developing Recommendation:</b> ASC, CAP	<b>First Identified:</b> July 2015	<b>2019 est Medicare Utilization:</b> 169,281	<b>2007 Work RVU:</b> 1.18 <b>2007 NF PE RVU:</b> 2.94 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Decrease	<b>2020 Work RVU:</b> 0.95 <b>2020 NF PE RVU:</b> 2.61 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.95		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>88364</b>	In situ hybridization (eg, FISH), per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s)	<b>Screen:</b> CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 21 <b>Specialty Developing Recommendation:</b> CAP, ASCP, ASC	<b>First Identified:</b> November 2013	<b>2019 est Medicare Utilization:</b> 28,908	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Decrease	<b>2020 Work RVU:</b> 0.70 <b>2020 NF PE RVU:</b> 3.17 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.88		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

## Status Report: CMS Requests and Relativity Assessment Issues

**88365** In situ hybridization (eg, FISH), per specimen; initial single probe stain procedure **Global:** XXX **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2012 / CMS Request - Final Rule for 2013 / CMS Request Final Rule for 2014 **Complete?** Yes

**Most Recent RUC Meeting:** April 2014 **Tab** 21 **Specialty Developing Recommendation:** CAP **First Identified:** September 2011 **2019 est Medicare Utilization:** 48,038 **2007 Work RVU:** 1.20 **2020 Work RVU:** 0.88 **2007 NF PE RVU:** 2.32 **2020 NF PE RVU:** 4.18 **2007 Fac PE RVU** NA **2020 Fac PE RVU:** NA **RUC Recommendation:** 0.88 **Referred to CPT** May 2013 **Referred to CPT Asst** ☒ **Published in CPT Asst:** Dec 2011 & May 2012 **Result:** Decrease

**88366** In situ hybridization (eg, FISH), per specimen; each multiplex probe stain procedure **Global:** XXX **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2012 / CMS Request - Final Rule for 2013 **Complete?** Yes

**Most Recent RUC Meeting:** April 2014 **Tab** 21 **Specialty Developing Recommendation:** CAP, ASCP, ASC **First Identified:** May 2013 **2019 est Medicare Utilization:** 2,322 **2007 Work RVU:** 1.24 **2020 Work RVU:** 1.24 **2007 NF PE RVU:** 6.52 **2020 NF PE RVU:** 6.52 **2007 Fac PE RVU** NA **2020 Fac PE RVU:** NA **RUC Recommendation:** 1.24 **Referred to CPT** May 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

**88367** Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; initial single probe stain procedure **Global:** XXX **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2012 / CMS Request - Final Rule for 2013 / CMS Request - Final Rule for 2014 **Complete?** Yes

**Most Recent RUC Meeting:** September 2014 **Tab** 18 **Specialty Developing Recommendation:** CAP, ASCP, ASC **First Identified:** September 2011 **2019 est Medicare Utilization:** 4,914 **2007 Work RVU:** 1.30 **2020 Work RVU:** 0.73 **2007 NF PE RVU:** 4.31 **2020 NF PE RVU:** 2.44 **2007 Fac PE RVU** NA **2020 Fac PE RVU:** NA **RUC Recommendation:** 0.86 **Referred to CPT** May 2013 **Referred to CPT Asst** ☒ **Published in CPT Asst:** Dec 2011 & May 2012 **Result:** Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

**88368** Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; initial single probe stain procedure **Global:** XXX **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2012 / CMS Request - Final Rule for 2013 / CMS Request - Final Rule for 2014 **Complete?** Yes

**Most Recent RUC Meeting:** September 2014 **Tab** 18 **Specialty Developing Recommendation:** CAP, ASCP, ASC **First Identified:** September 2011 **2019 est Medicare Utilization:** 21,780 **2007 Work RVU:** 1.40 **2020 Work RVU:** 0.88 **2007 NF PE RVU:** 2.96 **2020 NF PE RVU:** 2.80 **2007 Fac PE RVU:** NA **2020 Fac PE RVU:** NA **Result:** Decrease **RUC Recommendation:** 0.88 **Referred to CPT** May 2013 **Referred to CPT Asst** ☒ **Published in CPT Asst:** Dec 2011 & May 2012

**88373** Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

**Most Recent RUC Meeting:** April 2014 **Tab** 21 **Specialty Developing Recommendation:** CAP, ASCP, ASC **First Identified:** November 2013 **2019 est Medicare Utilization:** 6,229 **2007 Work RVU:** **2020 Work RVU:** 0.58 **2007 NF PE RVU:** **2020 NF PE RVU:** 1.49 **2007 Fac PE RVU:** **2020 Fac PE RVU:** NA **Result:** Decrease **RUC Recommendation:** 0.86 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**88374** Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; each multiplex probe stain procedure **Global:** XXX **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

**Most Recent RUC Meeting:** April 2014 **Tab** 21 **Specialty Developing Recommendation:** CAP, ASCP, ASC **First Identified:** **2019 est Medicare Utilization:** 113,039 **2007 Work RVU:** **2020 Work RVU:** 0.93 **2007 NF PE RVU:** **2020 NF PE RVU:** 8.70 **2007 Fac PE RVU:** **2020 Fac PE RVU:** NA **Result:** Decrease **RUC Recommendation:** 1.04 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

**88377** Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; each multiplex probe stain procedure **Global:** XXX **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2012 / CMS Request - Final Rule for 2013 **Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab** 21

**Specialty Developing Recommendation:** CAP, ASCP, ASC

**First Identified:** May 2013

**2019 est Medicare Utilization:** 152,595

**2007 Work RVU:**  
**2007 NF PE RVU:**  
**2007 Fac PE RVU Result:** Decrease

**2020 Work RVU:** 1.40  
**2020 NF PE RVU:** 9.97  
**2020 Fac PE RVU:** NA

**RUC Recommendation:** 1.40

**Referred to CPT** May 2013

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

**90465** Deleted from CPT

**Global:**

**Issue:** Immunization Administration

**Screen:** CMS Request - Practice Expense Review

**Complete?** Yes

**Most Recent RUC Meeting:** February 2008

**Tab** R

**Specialty Developing Recommendation:** AAP

**First Identified:** NA

**2019 est Medicare Utilization:**

**2007 Work RVU:** 0.17  
**2007 NF PE RVU:** 0.35  
**2007 Fac PE RVU Result:** NA PE Only

**2020 Work RVU:**  
**2020 NF PE RVU:**  
**2020 Fac PE RVU:**

**RUC Recommendation:** New PE inputs

**Referred to CPT**

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

**90467** Deleted from CPT

**Global:**

**Issue:** Immunization Administration

**Screen:** CMS Request - Practice Expense Review

**Complete?** Yes

**Most Recent RUC Meeting:** February 2008

**Tab** R

**Specialty Developing Recommendation:** AAP

**First Identified:** NA

**2019 est Medicare Utilization:**

**2007 Work RVU:** 0.17  
**2007 NF PE RVU:** 0.17  
**2007 Fac PE RVU Result:** 0.09 PE Only

**2020 Work RVU:**  
**2020 NF PE RVU:**  
**2020 Fac PE RVU:**

**RUC Recommendation:** New PE inputs

**Referred to CPT**

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



## Status Report: CMS Requests and Relativity Assessment Issues

**90471** Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid) **Global:** XXX **Issue:** Immunization Administration **Screen:** CMS Request - Practice Expense Review / CMS Fastest Growing **Complete?** Yes

**Most Recent** **Tab** R **Specialty Developing** AAP  
**RUC Meeting:** February 2008 **Recommendation:**

**First Identified:** February 2008 **2019 est Medicare Utilization:** 282,357

**2007 Work RVU:** 0.17 **2020 Work RVU:** 0.17  
**2007 NF PE RVU:** 0.35 **2020 NF PE RVU:** 0.22  
**2007 Fac PE RVU** NA **2020 Fac PE RVU:**NA  
**Result:** PE Only

**RUC Recommendation:** New PE inputs

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

**90472** Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Immunization Administration **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

**Most Recent** **Tab** R **Specialty Developing** AAP  
**RUC Meeting:** February 2008 **Recommendation:**

**First Identified:** February 2008 **2019 est Medicare Utilization:** 22,524

**2007 Work RVU:** 0.15 **2020 Work RVU:** 0.15  
**2007 NF PE RVU:** 0.13 **2020 NF PE RVU:** 0.20  
**2007 Fac PE RVU** 0.11 **2020 Fac PE RVU:**NA  
**Result:** PE Only

**RUC Recommendation:** New PE inputs

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

**90473** Immunization administration by intranasal or oral route; 1 vaccine (single or combination vaccine/toxoid) **Global:** XXX **Issue:** Immunization Administration **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

**Most Recent** **Tab** R **Specialty Developing** AAP  
**RUC Meeting:** February 2008 **Recommendation:**

**First Identified:** NA **2019 est Medicare Utilization:** 3

**2007 Work RVU:** 0.17 **2020 Work RVU:** 0.17  
**2007 NF PE RVU:** 0.18 **2020 NF PE RVU:** 0.22  
**2007 Fac PE RVU** 0.06 **2020 Fac PE RVU:**NA  
**Result:** PE Only

**RUC Recommendation:** New PE inputs

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

# Status Report: CMS Requests and Relativity Assessment Issues

**90474** Immunization administration by intranasal or oral route; each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Immunization Administration **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

**Most Recent RUC Meeting:** February 2008 **Tab** R **Specialty Developing Recommendation:** AAP **First Identified:** NA **2019 est Medicare Utilization:** 1 **2007 Work RVU:** 0.15 **2020 Work RVU:** 0.15 **2007 NF PE RVU:** 0.09 **2020 NF PE RVU:** 0.20 **2007 Fac PE RVU:** 0.05 **2020 Fac PE RVU:** NA **Result:** PE Only

**RUC Recommendation:** New PE inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**90785** Interactive complexity (List separately in addition to the code for primary procedure) **Global:** ZZZ **Issue:** Psychotherapy for Crisis and Interactive Complexity **Screen:** CMS High Expenditure Procedural Codes1 / High Volume Growth6 **Complete?** No

**Most Recent RUC Meeting:** January 2020 **Tab** 37 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2019 est Medicare Utilization:** 408,566 **2007 Work RVU:** **2020 Work RVU:** 0.33 **2007 NF PE RVU:** **2020 NF PE RVU:** 0.09 **2007 Fac PE RVU:** **2020 Fac PE RVU:** 0.05 **Result:** Increase

**RUC Recommendation:** Refer to CPT. 0.33 **Referred to CPT** October 2020 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**90791** Psychiatric diagnostic evaluation **Global:** XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2012 **Tab** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2019 est Medicare Utilization:** 917,143 **2007 Work RVU:** **2020 Work RVU:** 3.00 **2007 NF PE RVU:** **2020 NF PE RVU:** 0.92 **2007 Fac PE RVU:** **2020 Fac PE RVU:** 0.43 **Result:** Increase

**RUC Recommendation:** 3.00 **Referred to CPT** February 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**90792** Psychiatric diagnostic evaluation with medical services

**Global:** XXX

**Issue:** Psychotherapy

**Screen:** CMS High Expenditure  
Procedural Codes1

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2012

**Tab** 26

**Specialty Developing  
Recommendation:** APA, APA  
(HCPAC),  
NASW

**First  
Identified:** April 2013

**2019 est  
Medicare  
Utilization:** 586,327

**2007 Work RVU:**

**2020 Work RVU:** 3.25

**2007 NF PE RVU:**

**2020 NF PE RVU:** 1.10

**2007 Fac PE RVU**

**2020 Fac PE RVU:**0.60

**RUC Recommendation:** 3.25

**Referred to CPT** February 2012

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

**Result:** Increase

**90801** Psychiatric diagnostic interview examination

**Global:**

**Issue:** RAW review

**Screen:** CMS High Expenditure  
Procedural Codes1

**Complete?** Yes

**Most Recent  
RUC Meeting:** January 2012

**Tab** 30

**Specialty Developing  
Recommendation:**

**First  
Identified:** September 2011

**2019 est  
Medicare  
Utilization:**

**2007 Work RVU:** 2.80

**2020 Work RVU:**

**2007 NF PE RVU:** 1.25

**2020 NF PE RVU:**

**2007 Fac PE RVU** 0.85

**2020 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2012

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

**Result:** Deleted from CPT

**90805** Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient; with medical evaluation and management services

**Global:**

**Issue:** RAW review

**Screen:** CMS High Expenditure  
Procedural Codes1

**Complete?** Yes

**Most Recent  
RUC Meeting:** January 2012

**Tab** 30

**Specialty Developing  
Recommendation:**

**First  
Identified:** September 2011

**2019 est  
Medicare  
Utilization:**

**2007 Work RVU:** 1.37

**2020 Work RVU:**

**2007 NF PE RVU:** 0.53

**2020 NF PE RVU:**

**2007 Fac PE RVU** 0.38

**2020 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2012

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

**Result:** Deleted from CPT

## Status Report: CMS Requests and Relativity Assessment Issues

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<b>90806</b> Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient;	<b>Global:</b>	<b>Issue:</b> RAW review	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
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**Most Recent RUC Meeting:** January 2012

**Tab** 30

**Specialty Developing Recommendation:**

**First Identified:** September 2011

**2019 est Medicare Utilization:**

**2007 Work RVU:** 1.86

**2020 Work RVU:**

**2007 NF PE RVU:** 0.66

**2020 NF PE RVU:**

**2007 Fac PE RVU** 0.53

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2012

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

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<b>90808</b> Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient;	<b>Global:</b>	<b>Issue:</b> RAW review	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
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**Most Recent RUC Meeting:** January 2012

**Tab** 30

**Specialty Developing Recommendation:**

**First Identified:** September 2011

**2019 est Medicare Utilization:**

**2007 Work RVU:** 2.79

**2020 Work RVU:**

**2007 NF PE RVU:** 0.94

**2020 NF PE RVU:**

**2007 Fac PE RVU** 0.8

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2012

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

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<b>90818</b> Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes face-to-face with the patient;	<b>Global:</b>	<b>Issue:</b> RAW review	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
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**Most Recent RUC Meeting:** January 2012

**Tab** 30

**Specialty Developing Recommendation:**

**First Identified:** September 2011

**2019 est Medicare Utilization:**

**2007 Work RVU:** 1.89

**2020 Work RVU:**

**2007 NF PE RVU:** NA

**2020 NF PE RVU:**

**2007 Fac PE RVU** 0.63

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2012

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

## Status Report: CMS Requests and Relativity Assessment Issues

### 90832 Psychotherapy, 30 minutes with patient

Global: XXX Issue: Psychotherapy

Screen: CMS High Expenditure  
Procedural Codes1

Complete? Yes

Most Recent  
RUC Meeting: April 2012

Tab 26

Specialty Developing  
Recommendation: APA, APA  
(HCPAC),  
NASW

First  
Identified: April 2013

2019 est  
Medicare  
Utilization: 2,306,870

2007 Work RVU:

2020 Work RVU: 1.50

2007 NF PE RVU:

2020 NF PE RVU: 0.41

2007 Fac PE RVU

2020 Fac PE RVU:0.21

RUC Recommendation: 1.50

Referred to CPT February 2012

Referred to CPT Asst ☐ Published in CPT Asst:

Result: Increase

### 90833 Psychotherapy, 30 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)

Global: ZZZ Issue: Psychotherapy

Screen: CMS High Expenditure  
Procedural Codes1

Complete? Yes

Most Recent  
RUC Meeting: April 2012

Tab 26

Specialty Developing  
Recommendation: APA, APA  
(HCPAC),  
NASW

First  
Identified: April 2013

2019 est  
Medicare  
Utilization: 1,401,042

2007 Work RVU:

2020 Work RVU: 1.50

2007 NF PE RVU:

2020 NF PE RVU: 0.46

2007 Fac PE RVU

2020 Fac PE RVU:0.28

RUC Recommendation: 1.50

Referred to CPT February 2012

Referred to CPT Asst ☐ Published in CPT Asst:

Result: Increase

### 90834 Psychotherapy, 45 minutes with patient

Global: XXX Issue: Psychotherapy

Screen: CMS High Expenditure  
Procedural Codes1

Complete? Yes

Most Recent  
RUC Meeting: April 2012

Tab 26

Specialty Developing  
Recommendation: APA, APA  
(HCPAC),  
NASW

First  
Identified: April 2013

2019 est  
Medicare  
Utilization: 4,939,452

2007 Work RVU:

2020 Work RVU: 2.00

2007 NF PE RVU:

2020 NF PE RVU: 0.54

2007 Fac PE RVU

2020 Fac PE RVU:0.28

RUC Recommendation: 2.00

Referred to CPT February 2012

Referred to CPT Asst ☐ Published in CPT Asst:

Result: Increase

# Status Report: CMS Requests and Relativity Assessment Issues

**90836** Psychotherapy, 45 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure) **Global:** ZZZ **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2012

**Tab 26 Specialty Developing Recommendation:** APA, APA (HCPAC), NASW

**First Identified:** April 2013

**2019 est Medicare Utilization:** 510,888

**2007 Work RVU:**  
**2007 NF PE RVU:**  
**2007 Fac PE RVU Result:** Increase

**2020 Work RVU:** 1.90  
**2020 NF PE RVU:** 0.58  
**2020 Fac PE RVU:** 0.35

**RUC Recommendation:** 1.90

**Referred to CPT** February 2012  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**90837** Psychotherapy, 60 minutes with patient

**Global:** XXX **Issue:** Psychotherapy

**Screen:** CMS High Expenditure Procedural Codes1

**Complete?** Yes

**Most Recent RUC Meeting:** April 2012

**Tab 26 Specialty Developing Recommendation:** APA, APA (HCPAC), NASW

**First Identified:** April 2013

**2019 est Medicare Utilization:** 6,027,217

**2007 Work RVU:**  
**2007 NF PE RVU:**  
**2007 Fac PE RVU Result:** Increase

**2020 Work RVU:** 3.00  
**2020 NF PE RVU:** 0.81  
**2020 Fac PE RVU:** 0.42

**RUC Recommendation:** 3.00

**Referred to CPT** February 2012  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**90838** Psychotherapy, 60 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)

**Global:** ZZZ **Issue:** Psychotherapy

**Screen:** CMS High Expenditure Procedural Codes1

**Complete?** Yes

**Most Recent RUC Meeting:** April 2012

**Tab 26 Specialty Developing Recommendation:** APA, APA (HCPAC), NASW

**First Identified:** April 2013

**2019 est Medicare Utilization:** 100,884

**2007 Work RVU:**  
**2007 NF PE RVU:**  
**2007 Fac PE RVU Result:** Increase

**2020 Work RVU:** 2.50  
**2020 NF PE RVU:** 0.77  
**2020 Fac PE RVU:** 0.47

**RUC Recommendation:** 2.50

**Referred to CPT** February 2012  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

## 90839 Psychotherapy for crisis; first 60 minutes

Global: XXX

Issue: Psychotherapy for Crisis and Interactive Complexity

Screen: CMS High Expenditure Procedural Codes1

Complete? Yes

Most Recent  
RUC Meeting: April 2013

Tab 35

Specialty Developing  
Recommendation: APA, APA (HCPAC), NASW

First  
Identified: April 2013

2019 est  
Medicare  
Utilization: 23,040

2007 Work RVU:

2020 Work RVU: 3.13

2007 NF PE RVU:

2020 NF PE RVU: 0.85

2007 Fac PE RVU

2020 Fac PE RVU:0.45

Result: Increase

RUC Recommendation: 3.13

Referred to CPT February 2012

Referred to CPT Asst ☐ Published in CPT Asst:

## 90840 Psychotherapy for crisis; each additional 30 minutes (List separately in addition to code for primary service)

Global: ZZZ

Issue: Psychotherapy for Crisis and Interactive Complexity

Screen: CMS High Expenditure Procedural Codes1

Complete? Yes

Most Recent  
RUC Meeting: April 2013

Tab 35

Specialty Developing  
Recommendation: APA, APA (HCPAC), NASW

First  
Identified: April 2013

2019 est  
Medicare  
Utilization: 6,284

2007 Work RVU:

2020 Work RVU: 1.50

2007 NF PE RVU:

2020 NF PE RVU: 0.40

2007 Fac PE RVU

2020 Fac PE RVU:0.21

Result: Increase

RUC Recommendation: 1.50

Referred to CPT February 2012

Referred to CPT Asst ☐ Published in CPT Asst:

## 90845 Psychoanalysis

Global: XXX

Issue: Psychotherapy

Screen: CMS High Expenditure Procedural Codes1

Complete? Yes

Most Recent  
RUC Meeting: October 2011

Tab

Specialty Developing  
Recommendation:

First  
Identified: April 2013

2019 est  
Medicare  
Utilization: 5,591

2007 Work RVU: 1.79

2020 Work RVU: 2.10

2007 NF PE RVU: 0.53

2020 NF PE RVU: 0.59

2007 Fac PE RVU 0.49

2020 Fac PE RVU:0.34

Result: Increase

RUC Recommendation: 2.10

Referred to CPT

Referred to CPT Asst ☐ Published in CPT Asst:

## 90846 Family psychotherapy (without the patient present), 50 minutes

Global: XXX

Issue: Psychotherapy

Screen: CMS High Expenditure Procedural Codes1

Complete? Yes

Most Recent  
RUC Meeting: April 2012

Tab 26

Specialty Developing  
Recommendation: APA, APA (HCPAC), NASW

First  
Identified: April 2013

2019 est  
Medicare  
Utilization: 21,975

2007 Work RVU: 1.83

2020 Work RVU: 2.40

2007 NF PE RVU: 0.62

2020 NF PE RVU: 0.38

2007 Fac PE RVU 0.6

2020 Fac PE RVU:0.36

Result: Increase

RUC Recommendation: 2.40

Referred to CPT February 2012

Referred to CPT Asst ☐ Published in CPT Asst:

## Status Report: CMS Requests and Relativity Assessment Issues

<b>90847</b>	<b>Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes</b>		<b>Global:</b> XXX	<b>Issue:</b> Psychotherapy	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab</b> 26	<b>Specialty Developing Recommendation:</b> APA, APA (HCPAC), NASW	<b>First Identified:</b> April 2013	<b>2019 est Medicare Utilization:</b> 178,166	<b>2007 Work RVU:</b> 2.21 <b>2007 NF PE RVU:</b> 0.8 <b>2007 Fac PE RVU:</b> 0.69 <b>Result:</b> Increase	<b>2020 Work RVU:</b> 2.50 <b>2020 NF PE RVU:</b> 0.38 <b>2020 Fac PE RVU:</b> 0.37
<b>RUC Recommendation:</b> 2.50			<b>Referred to CPT</b> February 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>						
<b>90853</b>	<b>Group psychotherapy (other than of a multiple-family group)</b>		<b>Global:</b> XXX	<b>Issue:</b> Psychotherapy	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab</b> 26	<b>Specialty Developing Recommendation:</b> APA, APA (HCPAC), NASW	<b>First Identified:</b> April 2013	<b>2019 est Medicare Utilization:</b> 906,163	<b>2007 Work RVU:</b> 0.59 <b>2007 NF PE RVU:</b> 0.26 <b>2007 Fac PE RVU:</b> 0.22 <b>Result:</b> Maintain	<b>2020 Work RVU:</b> 0.59 <b>2020 NF PE RVU:</b> 0.17 <b>2020 Fac PE RVU:</b> 0.09
<b>RUC Recommendation:</b> 0.59			<b>Referred to CPT</b> February 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>						
<b>90862</b>	<b>Pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy</b>		<b>Global:</b>	<b>Issue:</b> RAW review	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2012	<b>Tab</b> 30	<b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> September 2011	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> 0.95 <b>2007 NF PE RVU:</b> 0.46 <b>2007 Fac PE RVU:</b> 0.31 <b>Result:</b> Deleted from CPT	<b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> February 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		



## Status Report: CMS Requests and Relativity Assessment Issues

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<b>90863</b>	<b>Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services (List separately in addition to the code for primary procedure)</b>	<b>Global:</b> XXX	<b>Issue:</b> Pharmacologic Management with Psychotherapy	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
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**Most Recent RUC Meeting:** April 2013

**Tab** 40 **Specialty Developing Recommendation:** APA (HCPAC)

**First Identified:** April 2013

**2019 est Medicare Utilization:**

**2007 Work RVU:**

**2020 Work RVU:** 0.48

**2007 NF PE RVU:**

**2020 NF PE RVU:** 0.23

**2007 Fac PE RVU**

**2020 Fac PE RVU:**0.18

**Result:** Increase

**RUC Recommendation:** 0.48

**Referred to CPT** February 2012

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

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**90868** **Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management, per session**

**Global:** 000

**Issue:**

**Screen:** Contractor Priced High Volume

**Complete?** No

**Most Recent RUC Meeting:** April 2018

**Tab** 33 **Specialty Developing Recommendation:**

**First Identified:** January 2018

**2019 est Medicare Utilization:** 238,754

**2007 Work RVU:**

**2020 Work RVU:** 0.00

**2007 NF PE RVU:**

**2020 NF PE RVU:** 0.00

**2007 Fac PE RVU**

**2020 Fac PE RVU:**0.00

**Result:**

**RUC Recommendation:** Review in 2 years (Oct 2020)

**Referred to CPT**

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

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**90870** **Electroconvulsive therapy (includes necessary monitoring)**

**Global:** 000

**Issue:** Electroconvulsive Therapy

**Screen:** Harvard Valued - Utilization over 100,000

**Complete?** Yes

**Most Recent RUC Meeting:** April 2010

**Tab** 41 **Specialty Developing Recommendation:** APA

**First Identified:** October 2009

**2019 est Medicare Utilization:** 126,401

**2007 Work RVU:** 1.88

**2020 Work RVU:** 2.50

**2007 NF PE RVU:** 1.93

**2020 NF PE RVU:** 2.40

**2007 Fac PE RVU** 0.54

**2020 Fac PE RVU:**0.52

**Result:** Increase

**RUC Recommendation:** 2.50

**Referred to CPT**

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

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## Status Report: CMS Requests and Relativity Assessment Issues

<b>90911</b>	Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry	<b>Global:</b>	<b>Issue:</b> Biofeedback Training	<b>Screen:</b> Negative IWPUT	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2019	<b>Tab</b> 15 <b>Specialty Developing Recommendation:</b> ACOG, AUA	<b>First Identified:</b> April 2017	<b>2019 est Medicare Utilization:</b> 28,865	<b>2007 Work RVU:</b> 0.89 <b>2007 NF PE RVU:</b> 1.51 <b>2007 Fac PE RVU:</b> 0.31 <b>Result:</b> Deleted from CPT	<b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> September 2018 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>					
<b>90912</b>	Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry, when performed; initial 15 minutes of one-on-one physician or other qualified health care professional contact with the patient	<b>Global:</b> 000	<b>Issue:</b> Biofeedback Training	<b>Screen:</b> Negative IWPUT	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2019	<b>Tab</b> 15 <b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> September 2018	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Increase	<b>2020 Work RVU:</b> 0.90 <b>2020 NF PE RVU:</b> 1.32 <b>2020 Fac PE RVU:</b> 0.31
<b>RUC Recommendation:</b> 0.90		<b>Referred to CPT</b> February 2019-EC <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>					
<b>90913</b>	Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry, when performed; each additional 15 minutes of one-on-one physician or other qualified health care professional contact with the patient (List separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Biofeedback Training	<b>Screen:</b> Negative IWPUT	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2019	<b>Tab</b> 15 <b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> September 2018	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Increase	<b>2020 Work RVU:</b> 0.50 <b>2020 NF PE RVU:</b> 0.39 <b>2020 Fac PE RVU:</b> 0.17
<b>RUC Recommendation:</b> 0.50		<b>Referred to CPT</b> February 2019-EC <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

## Status Report: CMS Requests and Relativity Assessment Issues

<b>90935</b>	<b>Hemodialysis procedure with single evaluation by a physician or other qualified health care professional</b>	<b>Global:</b> 000	<b>Issue:</b> Hemodialysis-Dialysis Services	<b>Screen:</b> Havard Valued - Utilization over 1 Million	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2009	<b>Tab</b> 30 <b>Specialty Developing Recommendation:</b> RPA	<b>First Identified:</b> October 2008	<b>2019 est Medicare Utilization:</b> 1,098,691	<b>2007 Work RVU:</b> 1.22 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 0.64 <b>Result:</b> Increase	<b>2020 Work RVU:</b> 1.48 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 0.51
<b>RUC Recommendation:</b> 1.48		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>					
<b>90937</b>	<b>Hemodialysis procedure requiring repeated evaluation(s) with or without substantial revision of dialysis prescription</b>	<b>Global:</b> 000	<b>Issue:</b> Hemodialysis-Dialysis Services	<b>Screen:</b> Havard Valued - Utilization over 1 Million	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2009	<b>Tab</b> 30 <b>Specialty Developing Recommendation:</b> RPA	<b>First Identified:</b> February 2009	<b>2019 est Medicare Utilization:</b> 51,752	<b>2007 Work RVU:</b> 2.11 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 0.93 <b>Result:</b> Maintain	<b>2020 Work RVU:</b> 2.11 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 0.74
<b>RUC Recommendation:</b> 2.11		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>					
<b>90945</b>	<b>Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies), with single evaluation by a physician or other qualified health care professional</b>	<b>Global:</b> 000	<b>Issue:</b> Hemodialysis-Dialysis Services	<b>Screen:</b> Havard Valued - Utilization over 1 Million	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2009	<b>Tab</b> 30 <b>Specialty Developing Recommendation:</b> RPA	<b>First Identified:</b> February 2009	<b>2019 est Medicare Utilization:</b> 165,382	<b>2007 Work RVU:</b> 1.28 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 0.66 <b>Result:</b> Increase	<b>2020 Work RVU:</b> 1.56 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 0.79
<b>RUC Recommendation:</b> 1.56		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

# Status Report: CMS Requests and Relativity Assessment Issues

<b>90947</b>	Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies) requiring repeated evaluations by a physician or other qualified health care professional, with or without substantial revision of dialysis prescription	<b>Global:</b> 000	<b>Issue:</b> Hemodialysis-Dialysis Services	<b>Screen:</b> Harvard Valued - Utilization over 1 Million	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2009	<b>Tab</b> 30 <b>Specialty Developing Recommendation:</b> RPA	<b>First Identified:</b> February 2009	<b>2019 est Medicare Utilization:</b> 11,769	<b>2007 Work RVU:</b> 2.16 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 0.94 <b>Result:</b> Increase	<b>2020 Work RVU:</b> 2.52 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 0.87
<b>RUC Recommendation:</b> 2.52		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>90951</b>	End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month	<b>Global:</b> XXX	<b>Issue:</b> End-Stage Renal Disease	<b>Screen:</b> CMS Request - Practice Expense Review	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2009	<b>Tab</b> 29 <b>Specialty Developing Recommendation:</b> RPA	<b>First Identified:</b> February 2009	<b>2019 est Medicare Utilization:</b> 17	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> PE Only	<b>2020 Work RVU:</b> 18.46 <b>2020 NF PE RVU:</b> 6.96 <b>2020 Fac PE RVU:</b> 6.96
<b>RUC Recommendation:</b> RUC Recommended revised clinical staff time		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>90952</b>	End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month	<b>Global:</b> XXX	<b>Issue:</b> End-Stage Renal Disease	<b>Screen:</b> CMS Request - Practice Expense Review	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2009	<b>Tab</b> 29 <b>Specialty Developing Recommendation:</b> RPA	<b>First Identified:</b> February 2009	<b>2019 est Medicare Utilization:</b> 4	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> PE Only	<b>2020 Work RVU:</b> 0.00 <b>2020 NF PE RVU:</b> 0.00 <b>2020 Fac PE RVU:</b> 0.00
<b>RUC Recommendation:</b> RUC Recommended revised clinical staff time		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

## Status Report: CMS Requests and Relativity Assessment Issues

**90953** End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month **Global:** XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2009

**Tab 29** **Specialty Developing** RPA  
**Recommendation:**

**First**  
**Identified:** February 2009

**2019 est**  
**Medicare**  
**Utilization:** 1

**2007 Work RVU:**

**2020 Work RVU:** 0.00

**2007 NF PE RVU:**

**2020 NF PE RVU:** 0.00

**2007 Fac PE RVU**

**2020 Fac PE RVU:**0.00

**Result:** PE Only

**RUC Recommendation:** RUC Recommended revised clinical staff time

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**90954** End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month **Global:** XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2009

**Tab 29** **Specialty Developing** RPA  
**Recommendation:**

**First**  
**Identified:** February 2009

**2019 est**  
**Medicare**  
**Utilization:** 571

**2007 Work RVU:**

**2020 Work RVU:** 15.98

**2007 NF PE RVU:**

**2020 NF PE RVU:** 6.10

**2007 Fac PE RVU**

**2020 Fac PE RVU:**6.10

**Result:** PE Only

**RUC Recommendation:** RUC Recommended revised clinical staff time

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**90955** End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month **Global:** XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2009

**Tab 29** **Specialty Developing** RPA  
**Recommendation:**

**First**  
**Identified:** February 2009

**2019 est**  
**Medicare**  
**Utilization:** 57

**2007 Work RVU:**

**2020 Work RVU:** 8.79

**2007 NF PE RVU:**

**2020 NF PE RVU:** 3.69

**2007 Fac PE RVU**

**2020 Fac PE RVU:**3.69

**Result:** PE Only

**RUC Recommendation:** RUC Recommended revised clinical staff time

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

**90956** End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month **Global:** XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2009 **Tab 29** **Specialty Developing** RPA  
**Recommendation:**

**First**  
**Identified:** February 2009

**2019 est**  
**Medicare**  
**Utilization:** 124

**2007 Work RVU:**  
**2007 NF PE RVU:**  
**2007 Fac PE RVU**  
**Result:** PE Only

**2020 Work RVU:** 5.95  
**2020 NF PE RVU:** 2.73  
**2020 Fac PE RVU:** 2.73

**RUC Recommendation:** RUC Recommended revised clinical staff time

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

**90957** End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month **Global:** XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2009 **Tab 29** **Specialty Developing** RPA  
**Recommendation:**

**First**  
**Identified:** February 2009

**2019 est**  
**Medicare**  
**Utilization:** 1,539

**2007 Work RVU:**  
**2007 NF PE RVU:**  
**2007 Fac PE RVU**  
**Result:** PE Only

**2020 Work RVU:** 12.52  
**2020 NF PE RVU:** 5.00  
**2020 Fac PE RVU:** 5.00

**RUC Recommendation:** RUC Recommended revised clinical staff time

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

**90958** End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month **Global:** XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2009 **Tab 29** **Specialty Developing** RPA  
**Recommendation:**

**First**  
**Identified:** February 2009

**2019 est**  
**Medicare**  
**Utilization:** 393

**2007 Work RVU:**  
**2007 NF PE RVU:**  
**2007 Fac PE RVU**  
**Result:** PE Only

**2020 Work RVU:** 8.34  
**2020 NF PE RVU:** 3.58  
**2020 Fac PE RVU:** 3.58

**RUC Recommendation:** RUC Recommended revised clinical staff time

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

## Status Report: CMS Requests and Relativity Assessment Issues

<b>90959</b>	End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month	<b>Global:</b> XXX	<b>Issue:</b> End-Stage Renal Disease	<b>Screen:</b> CMS Request - Practice Expense Review	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2009	<b>Tab 29</b> <b>Specialty Developing Recommendation:</b> RPA	<b>First Identified:</b> February 2009	<b>2019 est Medicare Utilization:</b> 292	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> PE Only	<b>2020 Work RVU:</b> 5.50 <b>2020 NF PE RVU:</b> 2.57 <b>2020 Fac PE RVU:</b> 2.57
<b>RUC Recommendation:</b> RUC Recommended revised clinical staff time		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>	
<b>90960</b>	End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 4 or more face-to-face visits by a physician or other qualified health care professional per month	<b>Global:</b> XXX	<b>Issue:</b> End-Stage Renal Disease	<b>Screen:</b> CMS Request - Practice Expense Review	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2009	<b>Tab 29</b> <b>Specialty Developing Recommendation:</b> RPA	<b>First Identified:</b> February 2009	<b>2019 est Medicare Utilization:</b> 2,218,361	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> PE Only	<b>2020 Work RVU:</b> 5.18 <b>2020 NF PE RVU:</b> 2.58 <b>2020 Fac PE RVU:</b> 2.58
<b>RUC Recommendation:</b> RUC Recommended revised physician and clinical staff time		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>	
<b>90961</b>	End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 2-3 face-to-face visits by a physician or other qualified health care professional per month	<b>Global:</b> XXX	<b>Issue:</b> End-Stage Renal Disease	<b>Screen:</b> CMS Request - Practice Expense Review	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2009	<b>Tab 29</b> <b>Specialty Developing Recommendation:</b> RPA	<b>First Identified:</b> February 2009	<b>2019 est Medicare Utilization:</b> 719,245	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> PE Only	<b>2020 Work RVU:</b> 4.26 <b>2020 NF PE RVU:</b> 2.26 <b>2020 Fac PE RVU:</b> 2.26
<b>RUC Recommendation:</b> RUC Recommended revised physician and clinical staff time		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>	

## Status Report: CMS Requests and Relativity Assessment Issues

**90962** End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 1 face-to-face visit by a physician or other qualified health care professional per month **Global:** XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2009 **Tab** 29 **Specialty Developing** RPA  
**Recommendation:**

**First**  
**Identified:** February 2009

**2019 est**  
**Medicare**  
**Utilization:** 213,048

**2007 Work RVU:**  
**2007 NF PE RVU:**  
**2007 Fac PE RVU**  
**Result:** PE Only

**2020 Work RVU:** 3.15  
**2020 NF PE RVU:** 1.89  
**2020 Fac PE RVU:** 1.89

**RUC Recommendation:** RUC Recommended revised clinical staff time

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

**90963** End-stage renal disease (ESRD) related services for home dialysis per full month, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents **Global:** XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2009 **Tab** 29 **Specialty Developing** RPA  
**Recommendation:**

**First**  
**Identified:** February 2009

**2019 est**  
**Medicare**  
**Utilization:** 229

**2007 Work RVU:**  
**2007 NF PE RVU:**  
**2007 Fac PE RVU**  
**Result:** PE Only

**2020 Work RVU:** 10.56  
**2020 NF PE RVU:** 4.26  
**2020 Fac PE RVU:** 4.26

**RUC Recommendation:** RUC Recommended revised clinical staff time

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

**90964** End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents **Global:** XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2009 **Tab** 29 **Specialty Developing** RPA  
**Recommendation:**

**First**  
**Identified:** February 2009

**2019 est**  
**Medicare**  
**Utilization:** 934

**2007 Work RVU:**  
**2007 NF PE RVU:**  
**2007 Fac PE RVU**  
**Result:** PE Only

**2020 Work RVU:** 9.14  
**2020 NF PE RVU:** 3.82  
**2020 Fac PE RVU:** 3.82

**RUC Recommendation:** RUC Recommended revised clinical staff time

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



# Status Report: CMS Requests and Relativity Assessment Issues

**90965** End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents **Global:** XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2009

**Tab** 29 **Specialty Developing** RPA  
**Recommendation:**

**First**  
**Identified:** February 2009

**2019 est**  
**Medicare**  
**Utilization:** 1,343

**2007 Work RVU:**  
**2007 NF PE RVU:**  
**2007 Fac PE RVU**  
**Result:** PE Only

**2020 Work RVU:** 8.69  
**2020 NF PE RVU:** 3.70  
**2020 Fac PE RVU:** 3.70

**RUC Recommendation:** RUC Recommended revised clinical staff time

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

**90966** End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 20 years of age and older **Global:** XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2009

**Tab** 29 **Specialty Developing** RPA  
**Recommendation:**

**First**  
**Identified:** February 2009

**2019 est**  
**Medicare**  
**Utilization:** 365,733

**2007 Work RVU:**  
**2007 NF PE RVU:**  
**2007 Fac PE RVU**  
**Result:** PE Only

**2020 Work RVU:** 4.26  
**2020 NF PE RVU:** 2.25  
**2020 Fac PE RVU:** 2.25

**RUC Recommendation:** RUC Recommended revised clinical staff time

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

**91038** Esophageal function test, gastroesophageal reflux test with nasal catheter intraluminal impedance electrode(s) placement, recording, analysis and interpretation; prolonged (greater than 1 hour, up to 24 hours) **Global:** 000 **Issue:** Gastroenterological Tests **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

**Most Recent**  
**RUC Meeting:** February 2010

**Tab** 23 **Specialty Developing** AGA, ASGE  
**Recommendation:**

**First**  
**Identified:** February 2010

**2019 est**  
**Medicare**  
**Utilization:** 4,829

**2007 Work RVU:** 1.10  
**2007 NF PE RVU:** 2.36  
**2007 Fac PE RVU** 2.36  
**Result:** PE Only

**2020 Work RVU:** 1.10  
**2020 NF PE RVU:** 11.29  
**2020 Fac PE RVU:** NA

**RUC Recommendation:** New PE Inputs

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

## Status Report: CMS Requests and Relativity Assessment Issues

<b>91110</b>	<b>Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus through ileum, with interpretation and report</b>	<b>Global:</b> XXX	<b>Issue:</b> Gastrointestinal Tract Imaging	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab 44</b>	<b>Specialty Developing Recommendation:</b> ACG, AGA, ASGE	<b>First Identified:</b> July 2015	<b>2019 est Medicare Utilization:</b> 53,131	<b>2007 Work RVU:</b> 3.64 <b>2007 NF PE RVU:</b> 21.77 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 2.49			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> 2.49 <b>2020 NF PE RVU:</b> 21.78 <b>2020 Fac PE RVU:</b> NA

<b>91111</b>	<b>Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus with interpretation and report</b>	<b>Global:</b> XXX	<b>Issue:</b> Gastrointestinal Tract Imaging	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab 44</b>	<b>Specialty Developing Recommendation:</b> ACG, AGA, ASGE	<b>First Identified:</b> July 2015	<b>2019 est Medicare Utilization:</b> 146	<b>2007 Work RVU:</b> 1.00 <b>2007 NF PE RVU:</b> 18.65 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 1.00			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> 1.00 <b>2020 NF PE RVU:</b> 23.42 <b>2020 Fac PE RVU:</b> NA

<b>91132</b>	<b>Electrogastrography, diagnostic, transcutaneous;</b>	<b>Global:</b> XXX	<b>Issue:</b> Electrogastrography	<b>Screen:</b> CMS Request - Practice Expense Review	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2010	<b>Tab 24</b>	<b>Specialty Developing Recommendation:</b> AGA, ACG, ASGE	<b>First Identified:</b>	<b>2019 est Medicare Utilization:</b> 114	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> 0 <b>2007 Fac PE RVU:</b> 0 <b>Result:</b> PE Only
<b>RUC Recommendation:</b> New PE Inputs			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> 0.52 <b>2020 NF PE RVU:</b> 8.61 <b>2020 Fac PE RVU:</b> NA

<b>91133</b>	<b>Electrogastrography, diagnostic, transcutaneous; with provocative testing</b>	<b>Global:</b> XXX	<b>Issue:</b> Electrogastrography	<b>Screen:</b> CMS Request - Practice Expense Review	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2010	<b>Tab 24</b>	<b>Specialty Developing Recommendation:</b> AGA, ACG, ASGE	<b>First Identified:</b>	<b>2019 est Medicare Utilization:</b> 14	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> 0 <b>2007 Fac PE RVU:</b> 0 <b>Result:</b> PE Only
<b>RUC Recommendation:</b> New PE Inputs			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> 0.66 <b>2020 NF PE RVU:</b> 9.13 <b>2020 Fac PE RVU:</b> NA

# Status Report: CMS Requests and Relativity Assessment Issues

<b>92065</b>	Orthoptic and/or pleoptic training, with continuing medical direction and evaluation	<b>Global:</b> XXX	<b>Issue:</b> RAW	<b>Screen:</b> Harvard Valued - Utilization over 30,000-Part4	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> January 2020	<b>Tab</b> 37	<b>Specialty Developing Recommendation:</b> AAO, AOA (optometry)	<b>First Identified:</b> October 2019	<b>2019 est Medicare Utilization:</b> 32,858	<b>2007 Work RVU:</b> 0.37 <b>2007 NF PE RVU:</b> 0.62 <b>2007 Fac PE RVU</b> NA <b>2020 Work RVU:</b> 0.37 <b>2020 NF PE RVU:</b> 1.10 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> Refer to CPT			<b>Referred to CPT</b> May 2020 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b>
<hr/>					
<b>92081</b>	Visual field examination, unilateral or bilateral, with interpretation and report; limited examination (eg, tangent screen, Autoplot, arc perimeter, or single stimulus level automated test, such as Octopus 3 or 7 equivalent)	<b>Global:</b> XXX	<b>Issue:</b> Visual Field Examination	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2010	<b>Tab</b> 42	<b>Specialty Developing Recommendation:</b> AAO, AOA (optometric)	<b>First Identified:</b> October 2009	<b>2019 est Medicare Utilization:</b> 92,708	<b>2007 Work RVU:</b> 0.36 <b>2007 NF PE RVU:</b> 0.95 <b>2007 Fac PE RVU</b> NA <b>2020 Work RVU:</b> 0.30 <b>2020 NF PE RVU:</b> 0.63 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.30			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease
<hr/>					
<b>92082</b>	Visual field examination, unilateral or bilateral, with interpretation and report; intermediate examination (eg, at least 2 isopters on Goldmann perimeter, or semiquantitative, automated suprathreshold screening program, Humphrey suprathreshold automatic diagnostic test, Octopus program 33)	<b>Global:</b> XXX	<b>Issue:</b> Visual Field Examination	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2010	<b>Tab</b> 42	<b>Specialty Developing Recommendation:</b> AAO, AOA (optometric)	<b>First Identified:</b> October 2009	<b>2019 est Medicare Utilization:</b> 122,984	<b>2007 Work RVU:</b> 0.44 <b>2007 NF PE RVU:</b> 1.26 <b>2007 Fac PE RVU</b> NA <b>2020 Work RVU:</b> 0.40 <b>2020 NF PE RVU:</b> 0.92 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.40			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

<b>92083</b>	Visual field examination, unilateral or bilateral, with interpretation and report; extended examination (eg, Goldmann visual fields with at least 3 isopters plotted and static determination within the central 30 deg, or quantitative, automated threshold perimetry, Octopus program G-1, 32 or 42, Humphrey visual field analyzer full threshold programs 30-2, 24-2, or 30/60-2)	<b>Global:</b> XXX	<b>Issue:</b> Visual Field Examination	<b>Screen:</b> MPC List / CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab</b> 46	<b>Specialty Developing Recommendation:</b> AAO, AOA (optometric)	<b>First Identified:</b> October 2010	<b>2019 est Medicare Utilization:</b> 2,969,637	<b>2007 Work RVU:</b> 0.50 <b>2007 NF PE RVU:</b> 1.46 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Maintain <b>2020 Work RVU:</b> 0.50 <b>2020 NF PE RVU:</b> 1.26 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.50			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
<hr/>					
<b>92100</b>	Serial tonometry (separate procedure) with multiple measurements of intraocular pressure over an extended time period with interpretation and report, same day (eg, diurnal curve or medical treatment of acute elevation of intraocular pressure)	<b>Global:</b> XXX	<b>Issue:</b> Serial Tonometry	<b>Screen:</b> Harvard Valued - Utilization over 30,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> September 2011	<b>Tab</b> 36	<b>Specialty Developing Recommendation:</b> AAO, AOA (optometric)	<b>First Identified:</b> April 2011	<b>2019 est Medicare Utilization:</b> 31,551	<b>2007 Work RVU:</b> 0.92 <b>2007 NF PE RVU:</b> 1.33 <b>2007 Fac PE RVU</b> 0.35 <b>Result:</b> Decrease <b>2020 Work RVU:</b> 0.61 <b>2020 NF PE RVU:</b> 1.70 <b>2020 Fac PE RVU:</b> 0.31
<b>RUC Recommendation:</b> 0.61			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
<hr/>					
<b>92133</b>	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; optic nerve	<b>Global:</b> XXX	<b>Issue:</b> Computerized Scanning Ophthalmology Diagnostic Imaging	<b>Screen:</b> CMS Fastest Growing	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2010	<b>Tab</b> 23	<b>Specialty Developing Recommendation:</b> AAO, AOA (eye)	<b>First Identified:</b> October 2009	<b>2019 est Medicare Utilization:</b> 2,814,680	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU</b> <b>Result:</b> Decrease <b>2020 Work RVU:</b> 0.40 <b>2020 NF PE RVU:</b> 0.63 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.50			<b>Referred to CPT</b> October 2009 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	

## Status Report: CMS Requests and Relativity Assessment Issues

**92134** Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; retina **Global:** XXX **Issue:** Computerized Scanning Ophthalmology Diagnostic Imaging **Screen:** CMS Fastest Growing **Complete?** Yes

**Most Recent RUC Meeting:** April 2010

**Tab** 23

**Specialty Developing Recommendation:** AAO, AOA (eye)

**First Identified:** October 2008

**2019 est Medicare Utilization:** 7,509,080

**2007 Work RVU:**

**2020 Work RVU:** 0.45

**2007 NF PE RVU:**

**2020 NF PE RVU:** 0.68

**2007 Fac PE RVU**

**2020 Fac PE RVU:** NA

**Result:** Decrease

**RUC Recommendation:** 0.50

**Referred to CPT** October 2009

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

**92135** Deleted from CPT

**Global:**

**Issue:** Ophthalmic Diagnostic Imaging

**Screen:** CMS Fastest Growing

**Complete?** Yes

**Most Recent RUC Meeting:** October 2009

**Tab** 31

**Specialty Developing Recommendation:** AAO, AOA

**First Identified:** October 2008

**2019 est Medicare Utilization:**

**2007 Work RVU:** 0.35

**2020 Work RVU:**

**2007 NF PE RVU:** 0.79

**2020 NF PE RVU:**

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2009

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

**92136** Ophthalmic biometry by partial coherence interferometry with intraocular lens power calculation

**Global:** XXX

**Issue:** Ophthalmic Biometry

**Screen:** CMS Fastest Growing / CMS High Expenditure Procedural Codes2

**Complete?** Yes

**Most Recent RUC Meeting:** April 2016

**Tab** 36

**Specialty Developing Recommendation:** AAO

**First Identified:** October 2008

**2019 est Medicare Utilization:** 1,688,098

**2007 Work RVU:** 0.54

**2020 Work RVU:** 0.54

**2007 NF PE RVU:** 1.6

**2020 NF PE RVU:** 1.20

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:** NA

**Result:** Maintain

**RUC Recommendation:** 0.54

**Referred to CPT**

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

# Status Report: CMS Requests and Relativity Assessment Issues

<b>92140</b>	<b>Provocative tests for glaucoma, with interpretation and report, without tonography</b>	<b>Global:</b>	<b>Issue:</b> Glaucoma Provocative Tests	<b>Screen:</b> Harvard Valued - Utilization over 30,000-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab</b> 41	<b>Specialty Developing Recommendation:</b> AAO, AOA (optometry)	<b>First Identified:</b> October 2015	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> 0.50 <b>2007 NF PE RVU:</b> 0.97 <b>2007 Fac PE RVU</b> 0.2 <b>Result:</b> Deleted from CPT
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> May 2016 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>
<b>92201</b>	<b>Ophthalmoscopy, extended; with retinal drawing and scleral depression of peripheral retinal disease (eg, for retinal tear, retinal detachment, retinal tumor) with interpretation and report, unilateral or bilateral</b>	<b>Global:</b> XXX	<b>Issue:</b> Ophthalmoscopy	<b>Screen:</b> Negative IWPUT	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2018	<b>Tab</b> 05	<b>Specialty Developing Recommendation:</b> AAO, AOA (Optometry), ASRS	<b>First Identified:</b> February 2018	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU</b> <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 0.40			<b>Referred to CPT</b> February 2018 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> 0.40 <b>2020 NF PE RVU:</b> 0.29 <b>2020 Fac PE RVU:</b> 0.23
<b>92202</b>	<b>Ophthalmoscopy, extended; with drawing of optic nerve or macula (eg, for glaucoma, macular pathology, tumor) with interpretation and report, unilateral or bilateral</b>	<b>Global:</b> XXX	<b>Issue:</b> Ophthalmoscopy	<b>Screen:</b> Negative IWPUT	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2018	<b>Tab</b> 05	<b>Specialty Developing Recommendation:</b> AAO, AOA (Optometry), ASRS	<b>First Identified:</b> February 2018	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU</b> <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 0.26			<b>Referred to CPT</b> February 2018 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> 0.26 <b>2020 NF PE RVU:</b> 0.18 <b>2020 Fac PE RVU:</b> 0.15

## Status Report: CMS Requests and Relativity Assessment Issues

<b>92225</b>	Ophthalmoscopy, extended, with retinal drawing (eg, for retinal detachment, melanoma), with interpretation and report; initial	<b>Global:</b>	<b>Issue:</b> Ophthalmoscopy	<b>Screen:</b> Negative IWPUT	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2018	<b>Tab</b> 05 <b>Specialty Developing Recommendation:</b> AAO, AOA (Optometry), ASRS	<b>First Identified:</b> April 2017	<b>2019 est Medicare Utilization:</b> 947,451	<b>2007 Work RVU:</b> 0.38 <b>2007 NF PE RVU:</b> 0.23 <b>2007 Fac PE RVU:</b> 0.15 <b>Result:</b> Deleted from CPT	<b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> February 2018 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>92226</b>	Ophthalmoscopy, extended, with retinal drawing (eg, for retinal detachment, melanoma), with interpretation and report; subsequent	<b>Global:</b>	<b>Issue:</b> Ophthalmoscopy	<b>Screen:</b> Negative IWPUT	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2018	<b>Tab</b> 05 <b>Specialty Developing Recommendation:</b> AAO, AOA (Optometry), ASRS	<b>First Identified:</b> February 2018	<b>2019 est Medicare Utilization:</b> 2,551,942	<b>2007 Work RVU:</b> 0.33 <b>2007 NF PE RVU:</b> 0.22 <b>2007 Fac PE RVU:</b> 0.14 <b>Result:</b> Deleted from CPT	<b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> February 2018 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>92235</b>	Fluorescein angiography (includes multiframe imaging) with interpretation and report, unilateral or bilateral	<b>Global:</b> XXX	<b>Issue:</b> Ophthalmoscopic Angiography	<b>Screen:</b> Harvard Valued - Utilization over 30,000 / CMS High Expenditure Procedural Codes1 / Codes Reported Together 75% or More-Part3	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 21 <b>Specialty Developing Recommendation:</b> AAO, ASRS	<b>First Identified:</b> April 2011	<b>2019 est Medicare Utilization:</b> 428,183	<b>2007 Work RVU:</b> 0.81 <b>2007 NF PE RVU:</b> 2.54 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Decrease	<b>2020 Work RVU:</b> 0.75 <b>2020 NF PE RVU:</b> 2.16 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.75		<b>Referred to CPT</b> October 2015 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

# Status Report: CMS Requests and Relativity Assessment Issues

<b>92240</b>	<b>Indocyanine-green angiography (includes multiframe imaging) with interpretation and report, unilateral or bilateral</b>		<b>Global:</b> XXX	<b>Issue:</b> Ophthalmoscopic Angiography	<b>Screen:</b> Codes Reported Together 75% or More-Part3 / CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 21	<b>Specialty Developing Recommendation:</b> AAO, ASRS	<b>First Identified:</b> January 2015	<b>2019 est Medicare Utilization:</b> 10,668	<b>2007 Work RVU:</b> 1.10 <b>2007 NF PE RVU:</b> 5.7 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Decrease	<b>2020 Work RVU:</b> 0.80 <b>2020 NF PE RVU:</b> 4.83 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.80			<b>Referred to CPT</b> October 2015 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
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<b>92242</b>	<b>Fluorescein angiography and indocyanine-green angiography (includes multiframe imaging) performed at the same patient encounter with interpretation and report, unilateral or bilateral</b>		<b>Global:</b> XXX	<b>Issue:</b> Ophthalmoscopic Angiography	<b>Screen:</b> Codes Reported Together 75% or More-Part3	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 21	<b>Specialty Developing Recommendation:</b> AAO, ASRS	<b>First Identified:</b> October 2015	<b>2019 est Medicare Utilization:</b> 37,989	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU</b> <b>Result:</b> Decrease	<b>2020 Work RVU:</b> 0.95 <b>2020 NF PE RVU:</b> 5.74 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.95			<b>Referred to CPT</b> October 2015 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
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<b>92250</b>	<b>Fundus photography with interpretation and report</b>		<b>Global:</b> XXX	<b>Issue:</b> Fundus Photography	<b>Screen:</b> MPC List / CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 45	<b>Specialty Developing Recommendation:</b> AAO, ASRS, AOA (optometry)	<b>First Identified:</b> October 2010	<b>2019 est Medicare Utilization:</b> 3,490,129	<b>2007 Work RVU:</b> 0.44 <b>2007 NF PE RVU:</b> 1.48 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Decrease	<b>2020 Work RVU:</b> 0.40 <b>2020 NF PE RVU:</b> 0.85 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.40			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		



# Status Report: CMS Requests and Relativity Assessment Issues

<b>92270</b>	<b>Electro-oculography with interpretation and report</b>		<b>Global:</b> XXX	<b>Issue:</b> Electro-oculography	<b>Screen:</b> High Volume Growth1 / High Volume Growth3	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2017	<b>Tab</b> 19	<b>Specialty Developing Recommendation:</b> AAO-HNS	<b>First Identified:</b> February 2008	<b>2019 est Medicare Utilization:</b> 2,435	<b>2007 Work RVU:</b> 0.81 <b>2007 NF PE RVU:</b> 1.5 <b>2007 Fac PE RVU:</b> NA	<b>2020 Work RVU:</b> 0.81 <b>2020 NF PE RVU:</b> 1.88 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> CPT Assistant article published.			<b>Referred to CPT</b> February 2014	<b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Aug 2008 and Q&A Jun 2009	<b>Result:</b> Maintain

<b>92273</b>	<b>Electroretinography (ERG), with interpretation and report; full field (ie, ffERG, flash ERG, Ganzfeld ERG)</b>		<b>Global:</b> XXX	<b>Issue:</b> Electroretinography	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2018	<b>Tab</b> 17	<b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> September 2017	<b>2019 est Medicare Utilization:</b> 68,699	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b>	<b>2020 Work RVU:</b> 0.69 <b>2020 NF PE RVU:</b> 2.96 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.80			<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease

<b>92274</b>	<b>Electroretinography (ERG), with interpretation and report; multifocal (mfERG)</b>		<b>Global:</b> XXX	<b>Issue:</b> Electroretinography	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2018	<b>Tab</b> 17	<b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> September 2017	<b>2019 est Medicare Utilization:</b> 6,340	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b>	<b>2020 Work RVU:</b> 0.61 <b>2020 NF PE RVU:</b> 1.86 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.72			<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease

<b>92275</b>	<b>Electroretinography with interpretation and report</b>		<b>Global:</b>	<b>Issue:</b> Electroretinography	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2018	<b>Tab</b> 17	<b>Specialty Developing Recommendation:</b> AAO, ASRS, AOA (optometry)	<b>First Identified:</b> July 2015	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> 1.01 <b>2007 NF PE RVU:</b> 2.08 <b>2007 Fac PE RVU:</b> NA	<b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> June 2017	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Deleted from CPT

# Status Report: CMS Requests and Relativity Assessment Issues

<b>92285</b>	<b>External ocular photography with interpretation and report for documentation of medical progress (eg, close-up photography, slit lamp photography, gonioscopy, stereo-photography)</b>	<b>Global:</b> XXX	<b>Issue:</b> Ocular Photography	<b>Screen:</b> CMS Fastest Growing, Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2009	<b>Tab</b> 32	<b>Specialty Developing Recommendation:</b> AAO, AOA	<b>First Identified:</b> October 2008	<b>2019 est Medicare Utilization:</b> 406,118	<b>2007 Work RVU:</b> 0.20 <b>2007 NF PE RVU:</b> 0.95 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 0.05 and new PE inputs			<b>Referred to CPT</b> February 2010 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> 0.05 <b>2020 NF PE RVU:</b> 0.55 <b>2020 Fac PE RVU:</b> NA
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<b>92286</b>	<b>Anterior segment imaging with interpretation and report; with specular microscopy and endothelial cell analysis</b>	<b>Global:</b> XXX	<b>Issue:</b> Anterior Segment Imaging	<b>Screen:</b> Harvard Valued - Utilization over 30,000 / Harvard-Valued Annual Allowed Charges Greater than \$10 million	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab</b> 28	<b>Specialty Developing Recommendation:</b> AAO, AOA (optometric)	<b>First Identified:</b> April 2011	<b>2019 est Medicare Utilization:</b> 115,474	<b>2007 Work RVU:</b> 0.66 <b>2007 NF PE RVU:</b> 2.83 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 0.40			<b>Referred to CPT</b> October 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> 0.40 <b>2020 NF PE RVU:</b> 0.68 <b>2020 Fac PE RVU:</b> NA
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<b>92287</b>	<b>Anterior segment imaging with interpretation and report; with fluorescein angiography</b>	<b>Global:</b> XXX	<b>Issue:</b> Anterior Segment Imaging	<b>Screen:</b> Harvard Valued - Utilization over 30,000 / CPT Assistant Analysis 2018	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2019	<b>Tab</b> 37	<b>Specialty Developing Recommendation:</b> AAO, AOA (optometric)	<b>First Identified:</b>	<b>2019 est Medicare Utilization:</b> 7,182	<b>2007 Work RVU:</b> 0.81 <b>2007 NF PE RVU:</b> 2.28 <b>2007 Fac PE RVU:</b> 0.31 <b>Result:</b> Maintain
<b>RUC Recommendation:</b> Review action plan. CPT Assistant article published			<b>Referred to CPT</b> October 2011 <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Mar 2013	<b>2020 Work RVU:</b> 0.81 <b>2020 NF PE RVU:</b> 3.62 <b>2020 Fac PE RVU:</b> NA

# Status Report: CMS Requests and Relativity Assessment Issues

<b>92504</b>	<b>Binocular microscopy (separate diagnostic procedure)</b>		<b>Global:</b> XXX	<b>Issue:</b> Binocular Microscopy	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2010	<b>Tab</b> 43	<b>Specialty Developing Recommendation:</b> AAO-HNS	<b>First Identified:</b> October 2009	<b>2019 est Medicare Utilization:</b> 239,518	<b>2007 Work RVU:</b> 0.18 <b>2007 NF PE RVU:</b> 0.51 <b>2007 Fac PE RVU:</b> 0.08 <b>Result:</b> Maintain	<b>2020 Work RVU:</b> 0.18 <b>2020 NF PE RVU:</b> 0.63 <b>2020 Fac PE RVU:</b> 0.08
<b>RUC Recommendation:</b> 0.18			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
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<b>92506</b>	<b>Evaluation of speech, language, voice, communication, and/or auditory processing</b>		<b>Global:</b>	<b>Issue:</b> Speech Language Pathology Services	<b>Screen:</b> CMS Request/Speech Language Pathology Request	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2010	<b>Tab</b> 28	<b>Specialty Developing Recommendation:</b> ASHA	<b>First Identified:</b>	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> 0.86 <b>2007 NF PE RVU:</b> 2.76 <b>2007 Fac PE RVU:</b> 0.36 <b>Result:</b> Deleted from CPT	<b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> October 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
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<b>92507</b>	<b>Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual</b>		<b>Global:</b> XXX	<b>Issue:</b> Speech Language Pathology Services	<b>Screen:</b> CMS Request/Speech Language Pathology Request / High Volume Growth 3	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 54	<b>Specialty Developing Recommendation:</b> ASHA	<b>First Identified:</b> October 2015	<b>2019 est Medicare Utilization:</b> 350,653	<b>2007 Work RVU:</b> 0.52 <b>2007 NF PE RVU:</b> 1.13 <b>2007 Fac PE RVU:</b> 0.21 <b>Result:</b> Decrease	<b>2020 Work RVU:</b> 1.30 <b>2020 NF PE RVU:</b> 0.90 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 1.30 work RVU and clinical staff time removed. Remove from High Volume screen.			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

# Status Report: CMS Requests and Relativity Assessment Issues

<b>92508</b>	<b>Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals</b>	<b>Global:</b> XXX	<b>Issue:</b> Speech Language Pathology Services	<b>Screen:</b> CMS Request/Speech Language Pathology Request	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2010	<b>Tab 28</b> <b>Specialty Developing Recommendation:</b> ASHA	<b>First Identified:</b>	<b>2019 est Medicare Utilization:</b> 4,438	<b>2007 Work RVU:</b> 0.26 <b>2007 NF PE RVU:</b> 0.51 <b>2007 Fac PE RVU:</b> 0.11 <b>Result:</b> Decrease	<b>2020 Work RVU:</b> 0.33 <b>2020 NF PE RVU:</b> 0.34 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.43 work RVU and clinical staff time removed		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>	
<b>92521</b>	<b>Evaluation of speech fluency (eg, stuttering, cluttering)</b>	<b>Global:</b> XXX	<b>Issue:</b> Speech Evaluation	<b>Screen:</b> CMS Request/Speech Language Pathology Request	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2013	<b>Tab 32</b> <b>Specialty Developing Recommendation:</b> ASHA	<b>First Identified:</b>	<b>2019 est Medicare Utilization:</b> 197	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Increase	<b>2020 Work RVU:</b> 1.75 <b>2020 NF PE RVU:</b> 1.38 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 1.75		<b>Referred to CPT</b> October 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>	
<b>92522</b>	<b>Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria);</b>	<b>Global:</b> XXX	<b>Issue:</b> Speech Evaluation	<b>Screen:</b> CMS Request/Speech Language Pathology Request	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2013	<b>Tab 32</b> <b>Specialty Developing Recommendation:</b> ASHA	<b>First Identified:</b>	<b>2019 est Medicare Utilization:</b> 3,374	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Increase	<b>2020 Work RVU:</b> 1.50 <b>2020 NF PE RVU:</b> 1.04 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 1.50		<b>Referred to CPT</b> October 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>	

# Status Report: CMS Requests and Relativity Assessment Issues

**92523** Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (eg, receptive and expressive language) **Global:** XXX **Issue:** Speech Evaluation **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

**Most Recent RUC Meeting:** January 2013 **Tab** 32 **Specialty Developing Recommendation:** ASHA **First Identified:** **2019 est Medicare Utilization:** 19,962 **2007 Work RVU:** **2020 Work RVU:** 3.00 **2007 NF PE RVU:** **2020 NF PE RVU:** 2.39 **2007 Fac PE RVU** **2020 Fac PE RVU:** NA **RUC Recommendation:** 3.36 **Referred to CPT** October 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

**92524** Behavioral and qualitative analysis of voice and resonance **Global:** XXX **Issue:** Speech Evaluation **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

**Most Recent RUC Meeting:** January 2013 **Tab** 32 **Specialty Developing Recommendation:** ASHA **First Identified:** **2019 est Medicare Utilization:** 18,441 **2007 Work RVU:** **2020 Work RVU:** 1.50 **2007 NF PE RVU:** **2020 NF PE RVU:** 0.98 **2007 Fac PE RVU** **2020 Fac PE RVU:** NA **RUC Recommendation:** 1.75 **Referred to CPT** October 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

**92526** Treatment of swallowing dysfunction and/or oral function for feeding **Global:** XXX **Issue:** Speech Language Pathology Services (HCPAC) **Screen:** CMS Request/Speech Language Pathology Request / High Volume Growth2 **Complete?** No

**Most Recent RUC Meeting:** October 2017 **Tab** 19 **Specialty Developing Recommendation:** ASHA, AAO-HNS **First Identified:** NA **2019 est Medicare Utilization:** 133,424 **2007 Work RVU:** 0.55 **2020 Work RVU:** 1.34 **2007 NF PE RVU:** 1.65 **2020 NF PE RVU:** 1.09 **2007 Fac PE RVU** 0.19 **2020 Fac PE RVU:** NA **RUC Recommendation:** Review utilization **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

# Status Report: CMS Requests and Relativity Assessment Issues

**92537** Caloric vestibular test with recording, bilateral; bithermal (ie, one warm and one cool irrigation in each ear for a total of four irrigations) **Global:** XXX **Issue:** Vestibular Caloric Irrigation **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

**Most Recent RUC Meeting:** January 2015

**Tab** 18

**Specialty Developing Recommendation:** AAA, AAN, AAO-HNS, ASHA

**First Identified:** October 2014

**2019 est Medicare Utilization:** 68,931

**2007 Work RVU:**

**2020 Work RVU:** 0.60

**2007 NF PE RVU:**

**2020 NF PE RVU:** 0.56

**2007 Fac PE RVU**

**2020 Fac PE RVU:** NA

**Result:** Increase

**RUC Recommendation:** 0.80

**Referred to CPT** October 2014

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

**92538** Caloric vestibular test with recording, bilateral; monothermal (ie, one irrigation in each ear for a total of two irrigations) **Global:** XXX **Issue:** Vestibular Caloric Irrigation **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

**Most Recent RUC Meeting:** January 2015

**Tab** 18

**Specialty Developing Recommendation:** AAA, AAN, AAO-HNS, ASHA

**First Identified:** October 2014

**2019 est Medicare Utilization:** 6,794

**2007 Work RVU:**

**2020 Work RVU:** 0.30

**2007 NF PE RVU:**

**2020 NF PE RVU:** 0.32

**2007 Fac PE RVU**

**2020 Fac PE RVU:** NA

**Result:** Increase

**RUC Recommendation:** 0.55

**Referred to CPT** October 2014

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

**92540** Basic vestibular evaluation, includes spontaneous nystagmus test with eccentric gaze fixation nystagmus, with recording, positional nystagmus test, minimum of 4 positions, with recording, optokinetic nystagmus test, bidirectional foveal and peripheral stimulation, with recording, and oscillating tracking test, with recording **Global:** XXX **Issue:** EOG VNG **Screen:** Codes Reported Together 95% or More **Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab** 24

**Specialty Developing Recommendation:** AAN, ASHA, AAO-HNS, AAA

**First Identified:**

**2019 est Medicare Utilization:** 89,363

**2007 Work RVU:**

**2020 Work RVU:** 1.50

**2007 NF PE RVU:**

**2020 NF PE RVU:** 1.48

**2007 Fac PE RVU**

**2020 Fac PE RVU:** NA

**Result:** Decrease

**RUC Recommendation:** 1.50

**Referred to CPT**

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

# Status Report: CMS Requests and Relativity Assessment Issues

<b>92541</b>	<b>Spontaneous nystagmus test, including gaze and fixation nystagmus, with recording</b>	<b>Global:</b> XXX	<b>Issue:</b> EOG VNG	<b>Screen:</b> Codes Reported Together 95% or More / Harvard Valued - Utilization over 100,000 / CMS-Other Source – Utilization over 250,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 24	<b>Specialty Developing Recommendation:</b> AAN, ASHA, AAO-HNS, AAA	<b>First Identified:</b> February 2008	<b>2019 est Medicare Utilization:</b> 13,573	<b>2007 Work RVU:</b> 0.40 <b>2007 NF PE RVU:</b> 1.05 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 0.40			<b>Referred to CPT</b> February 2009	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>
<b>2020 Work RVU:</b> 0.40					<b>2020 NF PE RVU:</b> 0.30
					<b>2020 Fac PE RVU:</b> NA
<b>92542</b>	<b>Positional nystagmus test, minimum of 4 positions, with recording</b>	<b>Global:</b> XXX	<b>Issue:</b> EOG VNG	<b>Screen:</b> Codes Reported Together 95% or More / CMS-Other Source – Utilization over 250,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 24	<b>Specialty Developing Recommendation:</b> AAN, ASHA, AAO-HNS, AAA	<b>First Identified:</b> February 2008	<b>2019 est Medicare Utilization:</b> 19,332	<b>2007 Work RVU:</b> 0.33 <b>2007 NF PE RVU:</b> 1.16 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Increase
<b>RUC Recommendation:</b> 0.48			<b>Referred to CPT</b> February 2009	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>
					<b>2020 Work RVU:</b> 0.48
					<b>2020 NF PE RVU:</b> 0.34
					<b>2020 Fac PE RVU:</b> NA
<b>92543</b>	<b>Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes 4 tests), with recording</b>	<b>Global:</b>	<b>Issue:</b> Vestibular Caloric Irrigation	<b>Screen:</b> Codes Reported Together 95% or More / Low Value-High Volume / CMS-Other - Utilization over 250,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2015	<b>Tab</b> 18	<b>Specialty Developing Recommendation:</b> AAA, AAN, AAO-HNS, ASHA	<b>First Identified:</b> February 2008	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> 0.10 <b>2007 NF PE RVU:</b> 0.59 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Deleted from CPT
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> October 2014	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>
					<b>2020 Work RVU:</b>
					<b>2020 NF PE RVU:</b>
					<b>2020 Fac PE RVU:</b>

# Status Report: CMS Requests and Relativity Assessment Issues

<b>92544</b>	<b>Optokinetic nystagmus test, bidirectional, foveal or peripheral stimulation, with recording</b>	<b>Global:</b> XXX	<b>Issue:</b> EOG VNG	<b>Screen:</b> Codes Reported Together 95% or More / CMS-Other Source – Utilization over 250,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab 24</b>	<b>Specialty Developing Recommendation:</b> AAN, ASHA, AAO-HNS, AAA	<b>First Identified:</b> February 2008	<b>2019 est Medicare Utilization:</b> 2,943	<b>2007 Work RVU:</b> 0.26 <b>2007 NF PE RVU:</b> 0.93 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Increase <b>2020 Work RVU:</b> 0.27 <b>2020 NF PE RVU:</b> 0.21 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.27			<b>Referred to CPT</b> February 2009	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>
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<b>92545</b>	<b>Oscillating tracking test, with recording</b>	<b>Global:</b> XXX	<b>Issue:</b> EOG VNG	<b>Screen:</b> Codes Reported Together 95% or More / CMS-Other Source – Utilization over 250,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab 24</b>	<b>Specialty Developing Recommendation:</b> AAN, ASHA, AAO-HNS, AAA	<b>First Identified:</b> February 2008	<b>2019 est Medicare Utilization:</b> 3,622	<b>2007 Work RVU:</b> 0.23 <b>2007 NF PE RVU:</b> 0.85 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Increase <b>2020 Work RVU:</b> 0.25 <b>2020 NF PE RVU:</b> 0.20 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.25			<b>Referred to CPT</b> February 2009	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>
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<b>92546</b>	<b>Sinusoidal vertical axis rotational testing</b>	<b>Global:</b> XXX	<b>Issue:</b> EOG VNG	<b>Screen:</b> CMS-Other - Utilization over 250,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab 24</b>	<b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> February 2014	<b>2019 est Medicare Utilization:</b> 43,026	<b>2007 Work RVU:</b> 0.29 <b>2007 NF PE RVU:</b> 1.94 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Maintain <b>2020 Work RVU:</b> 0.29 <b>2020 NF PE RVU:</b> 2.83 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> Editorial change only			<b>Referred to CPT</b> February 2014	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>
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# Status Report: CMS Requests and Relativity Assessment Issues

<b>92547</b>	Use of vertical electrodes (List separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> EOG VNG	<b>Screen:</b> CMS-Other - Utilization over 250,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 24 <b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> February 2014	<b>2019 est Medicare Utilization:</b> 26,526	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> 0.09 <b>2007 Fac PE RVU:</b> 0.09 <b>Result:</b> Maintain	<b>2020 Work RVU:</b> 0.00 <b>2020 NF PE RVU:</b> 0.24 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> Editorial change only		<b>Referred to CPT</b> February 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>92548</b>	Computerized dynamic posturography sensory organization test (CDP-SOT), 6 conditions (ie, eyes open, eyes closed, visual sway, platform sway, eyes closed platform sway, platform and visual sway), including interpretation and report;	<b>Global:</b> XXX	<b>Issue:</b> Computerized Dynamic Posturography	<b>Screen:</b> CMS-Other - Utilization over 250,000 / Negative IWPUT / Different Performing Specialty from Survey	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2019	<b>Tab</b> 16 <b>Specialty Developing Recommendation:</b> AAA, AAN, ASHA	<b>First Identified:</b> February 2014	<b>2019 est Medicare Utilization:</b> 51,157	<b>2007 Work RVU:</b> 0.50 <b>2007 NF PE RVU:</b> 2.1 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Increase	<b>2020 Work RVU:</b> 0.67 <b>2020 NF PE RVU:</b> 0.71 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.76		<b>Referred to CPT</b> September 2018 / February 2014 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>92549</b>	Computerized dynamic posturography sensory organization test (CDP-SOT), 6 conditions (ie, eyes open, eyes closed, visual sway, platform sway, eyes closed platform sway, platform and visual sway), including interpretation and report; with motor control test (MCT) and adaptation test (ADT)	<b>Global:</b> XXX	<b>Issue:</b> Computerized Dynamic Posturography	<b>Screen:</b> CMS-Other - Utilization over 250,000 / Negative IWPUT / Different Performing Specialty from Survey	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2019	<b>Tab</b> 16 <b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> September 2018	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Increase	<b>2020 Work RVU:</b> 0.87 <b>2020 NF PE RVU:</b> 0.90 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.96		<b>Referred to CPT</b> September 2018 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

# Status Report: CMS Requests and Relativity Assessment Issues

## 92550 Tympanometry and reflex threshold measurements

Global: XXX

Issue: Bundled Audiology Tests

Screen: Codes Reported Together 95% or More

Complete? Yes

Most Recent  
RUC Meeting: April 2009

Tab 22

Specialty Developing  
Recommendation:

ASHA, AAO-  
HNS, AAA

First  
Identified:

2019 est  
Medicare  
Utilization: 231,898

2007 Work RVU:

2020 Work RVU: 0.35

2007 NF PE RVU:

2020 NF PE RVU: 0.26

2007 Fac PE RVU

2020 Fac PE RVU: NA

Result: Decrease

RUC Recommendation: 0.35

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

## 92557 Comprehensive audiometry threshold evaluation and speech recognition (92553 and 92556 combined)

Global: XXX

Issue: Bundled Audiology Tests

Screen: Codes Reported Together 95% or More

Complete? Yes

Most Recent  
RUC Meeting: April 2009

Tab 22

Specialty Developing  
Recommendation:

ASHA, AAO-  
HNS, AAN

First  
Identified: February 2008

2019 est  
Medicare  
Utilization: 1,255,685

2007 Work RVU: 0.00

2020 Work RVU: 0.60

2007 NF PE RVU: 1.21

2020 NF PE RVU: 0.45

2007 Fac PE RVU NA

2020 Fac PE RVU: 0.30

Result: Decrease

RUC Recommendation: 0.60 work RVU and clinical staff time removed

Referred to CPT February 2009

Referred to CPT Asst ☐

Published in CPT Asst:

## 92558 Evoked otoacoustic emissions, screening (qualitative measurement of distortion product or transient evoked otoacoustic emissions), automated analysis

Global: XXX

Issue: Otoacoustic Emissions Measurement

Screen: CMS Fastest Growing

Complete? Yes

Most Recent  
RUC Meeting: April 2011

Tab 35

Specialty Developing  
Recommendation:

ASHA

First  
Identified: February 2011

2019 est  
Medicare  
Utilization:

2007 Work RVU:

2020 Work RVU: 0.17

2007 NF PE RVU:

2020 NF PE RVU: 0.10

2007 Fac PE RVU

2020 Fac PE RVU: 0.07

Result: Increase

RUC Recommendation: 0.17

Referred to CPT February 2011

Referred to CPT Asst ☐

Published in CPT Asst:

## Status Report: CMS Requests and Relativity Assessment Issues

### 92567 Tympanometry (impedance testing)

Global: XXX

Issue: Bundled Audiology Tests

Screen: Codes Reported  
Together 95% or More /  
Low Value-High Volume

Complete? Yes

Most Recent  
RUC Meeting: April 2009

Tab 22

Specialty Developing  
Recommendation:

ASHA, AAO-  
HNS, AAN

First  
Identified: February 2008

2019 est  
Medicare  
Utilization: 922,916

2007 Work RVU: 0.00

2020 Work RVU: 0.20

2007 NF PE RVU: 0.51

2020 NF PE RVU: 0.24

2007 Fac PE RVU NA

2020 Fac PE RVU:0.10

Result: Decrease

RUC Recommendation: 0.20 work RVU and clinical staff time removed

Referred to CPT February 2009

Referred to CPT Asst ☐ Published in CPT Asst:

### 92568 Acoustic reflex testing, threshold

Global: XXX

Issue: Bundled Audiology Tests

Screen: Codes Reported  
Together 95% or More

Complete? Yes

Most Recent  
RUC Meeting: April 2009

Tab 22

Specialty Developing  
Recommendation:

ASHA, AAO-  
HNS, AAN

First  
Identified: February 2008

2019 est  
Medicare  
Utilization: 5,046

2007 Work RVU: 0.00

2020 Work RVU: 0.29

2007 NF PE RVU: 0.32

2020 NF PE RVU: 0.14

2007 Fac PE RVU NA

2020 Fac PE RVU:0.13

Result: Decrease

RUC Recommendation: 0.29 work RVU and clinical staff time removed

Referred to CPT February 2009

Referred to CPT Asst ☐ Published in CPT Asst:

### 92569 Deleted from CPT

Global:

Issue: Bundled Audiology Tests

Screen: Codes Reported  
Together 95% or More

Complete? Yes

Most Recent  
RUC Meeting: April 2009

Tab 22

Specialty Developing  
Recommendation:

ASHA, AAO-  
HNS, AAN

First  
Identified: February 2008

2019 est  
Medicare  
Utilization:

2007 Work RVU: 0.00

2020 Work RVU:

2007 NF PE RVU: 0.35

2020 NF PE RVU:

2007 Fac PE RVU NA

2020 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2009

Referred to CPT Asst ☐ Published in CPT Asst:

# Status Report: CMS Requests and Relativity Assessment Issues

**92570** Acoustic immittance testing, includes tympanometry (impedance testing), acoustic reflex threshold testing, and acoustic reflex decay testing **Global:** XXX **Issue:** Bundled Audiology Tests **Screen:** Codes Reported Together 95% or More **Complete?** Yes

**Most Recent RUC Meeting:** October 2015 **Tab** 21 **Specialty Developing Recommendation:** ASHA, AAO-HNS, AAA **First Identified:** **2019 est Medicare Utilization:** 38,849 **2007 Work RVU:** **2020 Work RVU:** 0.55 **2007 NF PE RVU:** **2020 NF PE RVU:** 0.36 **2007 Fac PE RVU** **2020 Fac PE RVU:**0.27 **Result:** Decrease

**RUC Recommendation:** 0.55 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**92584** Electrocochleography **Global:** XXX **Issue:** Auditory Evoked Potentials **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** April 2019 **Tab** 06 **Specialty Developing Recommendation:** AAA, AAO-HNS, ASHA **First Identified:** February 2019 **2019 est Medicare Utilization:** 11,016 **2007 Work RVU:** 0.00 **2020 Work RVU:** 0.00 **2007 NF PE RVU:** 2.14 **2020 NF PE RVU:** 2.06 **2007 Fac PE RVU** NA **2020 Fac PE RVU:**NA **Result:** Increase

**RUC Recommendation:** 1.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**92585** Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; comprehensive **Global:** XXX **Issue:** Auditory Evoked Potentials **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** April 2019 **Tab** 06 **Specialty Developing Recommendation:** AAA, AAO-HNS, ASHA **First Identified:** October 2017 **2019 est Medicare Utilization:** 34,565 **2007 Work RVU:** 0.50 **2020 Work RVU:** 0.50 **2007 NF PE RVU:** 2.02 **2020 NF PE RVU:** 3.28 **2007 Fac PE RVU** NA **2020 Fac PE RVU:**NA **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** February 2019 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**92586** Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; limited **Global:** XXX **Issue:** Auditory Evoked Potentials **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** April 2019 **Tab** 06 **Specialty Developing Recommendation:** AAA, AAO-HNS, ASHA **First Identified:** February 2019 **2019 est Medicare Utilization:** 1,425 **2007 Work RVU:** 0.00 **2020 Work RVU:** 0.00 **2007 NF PE RVU:** 1.74 **2020 NF PE RVU:** 2.66 **2007 Fac PE RVU** NA **2020 Fac PE RVU:**NA **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** February 2019 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

<b>92587</b>	<b>Distortion product evoked otoacoustic emissions; limited evaluation (to confirm the presence or absence of hearing disorder, 3-6 frequencies) or transient evoked otoacoustic emissions, with interpretation and report</b>	<b>Global:</b> XXX	<b>Issue:</b> Otoacoustic Emissions Measurement	<b>Screen:</b> CMS Fastest Growing	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2011	<b>Tab</b> 35 <b>Specialty Developing Recommendation:</b> ASHA	<b>First Identified:</b> October 2008	<b>2019 est Medicare Utilization:</b> 58,068	<b>2007 Work RVU:</b> 0.13 <b>2007 NF PE RVU:</b> 1.19 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Increase	<b>2020 Work RVU:</b> 0.35 <b>2020 NF PE RVU:</b> 0.26 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.45		<b>Referred to CPT</b> October 2010 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>92588</b>	<b>Distortion product evoked otoacoustic emissions; comprehensive diagnostic evaluation (quantitative analysis of outer hair cell function by cochlear mapping, minimum of 12 frequencies), with interpretation and report</b>	<b>Global:</b> XXX	<b>Issue:</b> Otoacoustic Emissions Measurement	<b>Screen:</b> CMS Fastest Growing	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2011	<b>Tab</b> 35 <b>Specialty Developing Recommendation:</b> ASHA	<b>First Identified:</b>	<b>2019 est Medicare Utilization:</b> 85,077	<b>2007 Work RVU:</b> 0.36 <b>2007 NF PE RVU:</b> 1.48 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Increase	<b>2020 Work RVU:</b> 0.55 <b>2020 NF PE RVU:</b> 0.39 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.60		<b>Referred to CPT</b> February 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>92597</b>	<b>Evaluation for use and/or fitting of voice prosthetic device to supplement oral speech</b>	<b>Global:</b> XXX	<b>Issue:</b> Speech Language Pathology Services (RUC)	<b>Screen:</b> CMS Request/Speech Language Pathology Request	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2009	<b>Tab</b> 30 <b>Specialty Developing Recommendation:</b> ASHA	<b>First Identified:</b> NA	<b>2019 est Medicare Utilization:</b> 2,839	<b>2007 Work RVU:</b> 0.86 <b>2007 NF PE RVU:</b> 1.69 <b>2007 Fac PE RVU</b> 0.4 <b>Result:</b> Decrease	<b>2020 Work RVU:</b> 1.26 <b>2020 NF PE RVU:</b> 0.76 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 1.48 work RVU and clinical staff time removed		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

## Status Report: CMS Requests and Relativity Assessment Issues

<b>92605</b>	<b>Evaluation for prescription of non-speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour</b>	<b>Global:</b> XXX	<b>Issue:</b> Eval of Rx for Non-Speech Generating Device	<b>Screen:</b> CMS Request/Speech Language Pathology Request	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2011	<b>Tab</b> 35 <b>Specialty Developing Recommendation:</b> ASHA	<b>First Identified:</b>	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> 0 <b>2007 Fac PE RVU:</b> 0 <b>Result:</b> Increase	<b>2020 Work RVU:</b> 1.75 <b>2020 NF PE RVU:</b> 0.82 <b>2020 Fac PE RVU:</b> 0.67
<b>RUC Recommendation:</b> 1.75		<b>Referred to CPT</b> February 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>92606</b>	<b>Therapeutic service(s) for the use of non-speech-generating device, including programming and modification</b>	<b>Global:</b> XXX	<b>Issue:</b> Speech Language Pathology Services	<b>Screen:</b> CMS Request/Speech Language Pathology Request	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2010	<b>Tab</b> 28 <b>Specialty Developing Recommendation:</b> ASHA	<b>First Identified:</b>	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> 0 <b>2007 Fac PE RVU:</b> 0 <b>Result:</b> Decrease	<b>2020 Work RVU:</b> 1.40 <b>2020 NF PE RVU:</b> 0.88 <b>2020 Fac PE RVU:</b> 0.54
<b>RUC Recommendation:</b> 1.40 work RVU and clinical staff time removed		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>92607</b>	<b>Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour</b>	<b>Global:</b> XXX	<b>Issue:</b> Speech Language Pathology Services	<b>Screen:</b> CMS Request/Speech Language Pathology Request	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2010	<b>Tab</b> 28 <b>Specialty Developing Recommendation:</b> ASHA	<b>First Identified:</b>	<b>2019 est Medicare Utilization:</b> 544	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> 3.38 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Decrease	<b>2020 Work RVU:</b> 1.85 <b>2020 NF PE RVU:</b> 1.73 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 1.85 work RVU and clinical staff time removed		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

## Status Report: CMS Requests and Relativity Assessment Issues

92608	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes (List separately in addition to code for primary procedure)	Global: ZZZ	Issue: Speech Language Pathology Services	Screen: CMS Request/Speech Language Pathology Request	Complete? Yes		
Most Recent RUC Meeting:	February 2010	Tab 28	Specialty Developing Recommendation: ASHA	First Identified:	2019 est Medicare Utilization: 220	2007 Work RVU: 0.00	2020 Work RVU: 0.70
						2007 NF PE RVU: 0.63	2020 NF PE RVU: 0.74
						2007 Fac PE RVU NA	2020 Fac PE RVU:NA
RUC Recommendation:	0.70 work RVU and clinical staff time removed			Referred to CPT		Result: Decrease	
				Referred to CPT Asst	<input type="checkbox"/>	Published in CPT Asst:	
92609	Therapeutic services for the use of speech-generating device, including programming and modification	Global: XXX	Issue: Speech Language Pathology Services	Screen: CMS Request/Speech Language Pathology Request	Complete? Yes		
Most Recent RUC Meeting:	February 2010	Tab 28	Specialty Developing Recommendation: ASHA	First Identified:	2019 est Medicare Utilization: 14,910	2007 Work RVU: 0.00	2020 Work RVU: 1.50
						2007 NF PE RVU: 1.77	2020 NF PE RVU: 1.52
						2007 Fac PE RVU NA	2020 Fac PE RVU:NA
RUC Recommendation:	1.50 work RVU and clinical staff time removed			Referred to CPT		Result: Decrease	
				Referred to CPT Asst	<input type="checkbox"/>	Published in CPT Asst:	
92610	Evaluation of oral and pharyngeal swallowing function	Global: XXX	Issue: Speech Language Pathology Services (RUC)	Screen: CMS Request/Speech Language Pathology Request / High Volume Growth2	Complete? No		
Most Recent RUC Meeting:	October 2017	Tab 19	Specialty Developing Recommendation: ASHA, AAO-HNS	First Identified: NA	2019 est Medicare Utilization: 22,897	2007 Work RVU: 0.00	2020 Work RVU: 1.30
						2007 NF PE RVU: 2.98	2020 NF PE RVU: 1.11
						2007 Fac PE RVU NA	2020 Fac PE RVU:0.71
RUC Recommendation:	Review utilization			Referred to CPT		Result: Decrease	
				Referred to CPT Asst	<input type="checkbox"/>	Published in CPT Asst:	

# Status Report: CMS Requests and Relativity Assessment Issues

<b>92611</b>	<b>Motion fluoroscopic evaluation of swallowing function by cine or video recording</b>	<b>Global:</b> XXX	<b>Issue:</b> Speech Language Pathology Services (HCPAC)	<b>Screen:</b> CMS Request/Speech Language Pathology Request	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2009	<b>Tab</b> 39 <b>Specialty Developing Recommendation:</b> ASHA	<b>First Identified:</b> NA	<b>2019 est Medicare Utilization:</b> 9,673	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> 3.04 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Decrease	<b>2020 Work RVU:</b> 1.34 <b>2020 NF PE RVU:</b> 1.19 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 1.34 work RVU and clinical staff time removed		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>	
<b>92618</b>	<b>Evaluation for prescription of non-speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes (List separately in addition to code for primary procedure)</b>	<b>Global:</b> ZZZ	<b>Issue:</b> Eval of Rx for Non-Speech Generating Device	<b>Screen:</b> CMS Request/Speech Language Pathology Request	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2011	<b>Tab</b> 35 <b>Specialty Developing Recommendation:</b> ASHA	<b>First Identified:</b>	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU</b> <b>Result:</b> Increase	<b>2020 Work RVU:</b> 0.65 <b>2020 NF PE RVU:</b> 0.26 <b>2020 Fac PE RVU:</b> 0.25
<b>RUC Recommendation:</b> 0.65		<b>Referred to CPT</b> February 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>	
<b>92620</b>	<b>Evaluation of central auditory function, with report; initial 60 minutes</b>	<b>Global:</b> XXX	<b>Issue:</b> Audiology Services	<b>Screen:</b> CMS Request - Audiology Services	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2008	<b>Tab</b> 17 <b>Specialty Developing Recommendation:</b> ASHA, AAO-HNS	<b>First Identified:</b> NA	<b>2019 est Medicare Utilization:</b> 818	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> 1.32 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Decrease	<b>2020 Work RVU:</b> 1.50 <b>2020 NF PE RVU:</b> 1.11 <b>2020 Fac PE RVU:</b> 0.77
<b>RUC Recommendation:</b> 1.50		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>	



## Status Report: CMS Requests and Relativity Assessment Issues

**92621** Evaluation of central auditory function, with report; each additional 15 minutes (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Audiology Services **Screen:** CMS Request - Audiology Services **Complete?** Yes

**Most Recent RUC Meeting:** October 2008

**Tab** 17

**Specialty Developing Recommendation:**

ASHA, AAO-HNS

**First Identified:** NA

**2019 est Medicare Utilization:** 43

**2007 Work RVU:** 0.00

**2020 Work RVU:** 0.35

**2007 NF PE RVU:** 0.29

**2020 NF PE RVU:** 0.28

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**0.18

**Result:** Decrease

**RUC Recommendation:** 0.35

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**92625** Assessment of tinnitus (includes pitch, loudness matching, and masking) **Global:** XXX **Issue:** Audiology Services **Screen:** CMS Request - Audiology Services **Complete?** Yes

**Most Recent RUC Meeting:** October 2008

**Tab** 17

**Specialty Developing Recommendation:**

ASHA, AAO-HNS

**First Identified:** NA

**2019 est Medicare Utilization:** 9,371

**2007 Work RVU:** 0.00

**2020 Work RVU:** 1.15

**2007 NF PE RVU:** 1.3

**2020 NF PE RVU:** 0.80

**2007 Fac PE RVU** 1.3

**2020 Fac PE RVU:**0.58

**Result:** Decrease

**RUC Recommendation:** 1.15

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**92626** Evaluation of auditory function for surgically implanted device(s) candidacy or postoperative status of a surgically implanted device(s); first hour **Global:** XXX **Issue:** Audiology Services **Screen:** CMS Request - Audiology Services / High Volume Growth2 **Complete?** Yes

**Most Recent RUC Meeting:** October 2018

**Tab** 30

**Specialty Developing Recommendation:**

AAA, ASHA

**First Identified:** NA

**2019 est Medicare Utilization:** 29,623

**2007 Work RVU:** 0.00

**2020 Work RVU:** 1.40

**2007 NF PE RVU:** 2.11

**2020 NF PE RVU:** 1.11

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**0.72

**Result:** Decrease

**RUC Recommendation:** 1.40

**Referred to CPT** May 2018

**Referred to CPT Asst** ☒

**Published in CPT Asst:** July 2014

# Status Report: CMS Requests and Relativity Assessment Issues

**92627** Evaluation of auditory function for surgically implanted device(s) candidacy or postoperative status of a surgically implanted device(s); each additional 15 minutes (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Audiology Services **Screen:** CMS Request - Audiology Services **Complete?** Yes

**Most Recent RUC Meeting:** October 2018

**Tab** 30

**Specialty Developing Recommendation:**

ASHA, AAO-HNS

**First Identified:** NA

**2019 est Medicare Utilization:** 7,594

**2007 Work RVU:** 0.00

**2020 Work RVU:** 0.33

**2007 NF PE RVU:** 0.52

**2020 NF PE RVU:** 0.27

**2007 Fac PE RVU** 0.52

**2020 Fac PE RVU:**0.17

**Result:** Decrease

**RUC Recommendation:** 0.33

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**92640** Diagnostic analysis with programming of auditory brainstem implant, per hour **Global:** XXX **Issue:** Audiology Services **Screen:** CMS Request - Audiology Services **Complete?** Yes

**Most Recent RUC Meeting:** October 2008

**Tab** 17

**Specialty Developing Recommendation:**

ASHA, AAO-HNS

**First Identified:** NA

**2019 est Medicare Utilization:** 11

**2007 Work RVU:** 0.00

**2020 Work RVU:** 1.76

**2007 NF PE RVU:** 1.4

**2020 NF PE RVU:** 1.42

**2007 Fac PE RVU** 1.4

**2020 Fac PE RVU:**0.92

**Result:** Decrease

**RUC Recommendation:** 1.76

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**92920** Percutaneous transluminal coronary angioplasty; single major coronary artery or branch **Global:** 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

**Most Recent RUC Meeting:** January 2012

**Tab** 10

**Specialty Developing Recommendation:**

ACC

**First Identified:** October 2010

**2019 est Medicare Utilization:** 24,084

**2007 Work RVU:**

**2020 Work RVU:** 9.85

**2007 NF PE RVU:**

**2020 NF PE RVU:** NA

**2007 Fac PE RVU**

**2020 Fac PE RVU:**3.40

**Result:** Decrease

**RUC Recommendation:** 9.00

**Referred to CPT** October 2011

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**92921** Percutaneous transluminal coronary angioplasty; each additional branch of a major coronary artery (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

**Most Recent RUC Meeting:** January 2012

**Tab** 10

**Specialty Developing Recommendation:**

ACC

**First Identified:** October 2010

**2019 est Medicare Utilization:**

**2007 Work RVU:**

**2020 Work RVU:** 0.00

**2007 NF PE RVU:**

**2020 NF PE RVU:** 0.00

**2007 Fac PE RVU**

**2020 Fac PE RVU:**0.00

**Result:** Decrease

**RUC Recommendation:** 4.00

**Referred to CPT** October 2011

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

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<b>92924</b>	<b>Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; single major coronary artery or branch</b>	<b>Global:</b> 000	<b>Issue:</b> Percutaneous Coronary Intervention	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2012	<b>Tab</b> 10 <b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> October 2010	<b>2019 est Medicare Utilization:</b> 2,282	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease	<b>2020 Work RVU:</b> 11.74 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 4.04
<b>RUC Recommendation:</b> 11.00		<b>Referred to CPT</b> October 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

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<b>92925</b>	<b>Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)</b>	<b>Global:</b> ZZZ	<b>Issue:</b> Percutaneous Coronary Intervention	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2012	<b>Tab</b> 10 <b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> October 2010	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease	<b>2020 Work RVU:</b> 0.00 <b>2020 NF PE RVU:</b> 0.00 <b>2020 Fac PE RVU:</b> 0.00
<b>RUC Recommendation:</b> 5.00		<b>Referred to CPT</b> October 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

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<b>92928</b>	<b>Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch</b>	<b>Global:</b> 000	<b>Issue:</b> Percutaneous Coronary Intervention	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2012	<b>Tab</b> 10 <b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> October 2010	<b>2019 est Medicare Utilization:</b> 254,826	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease	<b>2020 Work RVU:</b> 10.96 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 3.77
<b>RUC Recommendation:</b> 10.49		<b>Referred to CPT</b> October 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

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## Status Report: CMS Requests and Relativity Assessment Issues

<b>92929</b>	<b>Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)</b>	<b>Global:</b> ZZZ	<b>Issue:</b> Percutaneous Coronary Intervention	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2012	<b>Tab</b> 10 <b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> October 2010	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease	<b>2020 Work RVU:</b> 0.00 <b>2020 NF PE RVU:</b> 0.00 <b>2020 Fac PE RVU:</b> 0.00
<b>RUC Recommendation:</b> 4.44		<b>Referred to CPT</b> October 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			
<hr/>					
<b>92933</b>	<b>Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch</b>	<b>Global:</b> 000	<b>Issue:</b> Percutaneous Coronary Intervention	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2012	<b>Tab</b> 10 <b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> October 2010	<b>2019 est Medicare Utilization:</b> 19,416	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease	<b>2020 Work RVU:</b> 12.29 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 4.22
<b>RUC Recommendation:</b> 12.32		<b>Referred to CPT</b> October 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			
<hr/>					
<b>92934</b>	<b>Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)</b>	<b>Global:</b> ZZZ	<b>Issue:</b> Percutaneous Coronary Intervention	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2012	<b>Tab</b> 10 <b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> October 2010	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease	<b>2020 Work RVU:</b> 0.00 <b>2020 NF PE RVU:</b> 0.00 <b>2020 Fac PE RVU:</b> 0.00
<b>RUC Recommendation:</b> 5.50		<b>Referred to CPT</b> October 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			

## Status Report: CMS Requests and Relativity Assessment Issues

<b>92937</b>	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel	<b>Global:</b> 000	<b>Issue:</b> Percutaneous Coronary Intervention	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2012	<b>Tab</b> 10 <b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> October 2010	<b>2019 est Medicare Utilization:</b> 18,930	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease	<b>2020 Work RVU:</b> 10.95 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 3.76
<b>RUC Recommendation:</b> 10.49		<b>Referred to CPT</b> October 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>92938</b>	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; each additional branch subtended by the bypass graft (List separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Percutaneous Coronary Intervention	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2012	<b>Tab</b> 10 <b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> October 2010	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease	<b>2020 Work RVU:</b> 0.00 <b>2020 NF PE RVU:</b> 0.00 <b>2020 Fac PE RVU:</b> 0.00
<b>RUC Recommendation:</b> 6.00		<b>Referred to CPT</b> October 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>92941</b>	Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, coronary artery or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty, including aspiration thrombectomy when performed, single vessel	<b>Global:</b> 000	<b>Issue:</b> Percutaneous Coronary Intervention	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2012	<b>Tab</b> 10 <b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> October 2010	<b>2019 est Medicare Utilization:</b> 41,108	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease	<b>2020 Work RVU:</b> 12.31 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 4.24
<b>RUC Recommendation:</b> 12.32		<b>Referred to CPT</b> October 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

## Status Report: CMS Requests and Relativity Assessment Issues

<b>92943</b>	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; single vessel	<b>Global:</b> 000	<b>Issue:</b> Percutaneous Coronary Intervention	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2012	<b>Tab</b> 10 <b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> October 2010	<b>2019 est Medicare Utilization:</b> 9,129	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease	<b>2020 Work RVU:</b> 12.31 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 4.24
<b>RUC Recommendation:</b> 12.32		<b>Referred to CPT</b> October 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>92944</b>	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; each additional coronary artery, coronary artery branch, or bypass graft (List separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Percutaneous Coronary Intervention	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2012	<b>Tab</b> 10 <b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> October 2010	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease	<b>2020 Work RVU:</b> 0.00 <b>2020 NF PE RVU:</b> 0.00 <b>2020 Fac PE RVU:</b> 0.00
<b>RUC Recommendation:</b> 6.00		<b>Referred to CPT</b> October 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>92960</b>	Cardioversion, elective, electrical conversion of arrhythmia; external	<b>Global:</b> 000	<b>Issue:</b> Cardioversion	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2010	<b>Tab</b> 19 <b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> October 2009	<b>2019 est Medicare Utilization:</b> 201,622	<b>2007 Work RVU:</b> 2.25 <b>2007 NF PE RVU:</b> 5.83 <b>2007 Fac PE RVU Result:</b> Maintain	<b>2020 Work RVU:</b> 2.00 <b>2020 NF PE RVU:</b> 2.38 <b>2020 Fac PE RVU:</b> 0.99
<b>RUC Recommendation:</b> 2.25		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

## Status Report: CMS Requests and Relativity Assessment Issues

**92973** Percutaneous transluminal coronary thrombectomy mechanical (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** RAW **Screen:** High Volume Growth2 **Complete?** Yes

**Most Recent** **Tab** 19 **Specialty Developing**  
**RUC Meeting:** October 2017 **Recommendation:**

**First Identified:** April 2013

**2019 est Medicare Utilization:** 2,130

**2007 Work RVU:** 3.28

**2020 Work RVU:** 3.28

**2007 NF PE RVU:** NA

**2020 NF PE RVU:** NA

**2007 Fac PE RVU:** 1.42

**2020 Fac PE RVU:** 1.12

**Result:** Maintain

**RUC Recommendation:** Remove from screen

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**92980** Transcatheter placement of an intracoronary stent(s), percutaneous, with or without other therapeutic intervention, any method; single vessel

**Global:**

**Issue:** Percutaneous Coronary Intervention

**Screen:** MPC List

**Complete?** Yes

**Most Recent** **Tab** 10 **Specialty Developing** ACC  
**RUC Meeting:** January 2012 **Recommendation:**

**First Identified:** October 2010

**2019 est Medicare Utilization:**

**2007 Work RVU:** 14.82

**2020 Work RVU:**

**2007 NF PE RVU:** NA

**2020 NF PE RVU:**

**2007 Fac PE RVU:** 6.65

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2011

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**92981** Transcatheter placement of an intracoronary stent(s), percutaneous, with or without other therapeutic intervention, any method; each additional vessel (List separately in addition to code for primary procedure)

**Global:**

**Issue:** Percutaneous Coronary Intervention

**Screen:** MPC List

**Complete?** Yes

**Most Recent** **Tab** 10 **Specialty Developing** ACC  
**RUC Meeting:** January 2012 **Recommendation:**

**First Identified:** October 2010

**2019 est Medicare Utilization:**

**2007 Work RVU:** 4.16

**2020 Work RVU:**

**2007 NF PE RVU:** NA

**2020 NF PE RVU:**

**2007 Fac PE RVU:** 1.8

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2011

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

<b>92982</b>	<b>Percutaneous transluminal coronary balloon angioplasty; single vessel</b>	<b>Global:</b>	<b>Issue:</b> Percutaneous Coronary Intervention	<b>Screen:</b> MPC List / Harvard-Valued Annual Allowed Charges Greater than \$10 million	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2012	<b>Tab 10</b>	<b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> October 2010	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> 10.96 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 4.97 <b>Result:</b> Deleted from CPT
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> October 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>
<b>92984</b>	<b>Percutaneous transluminal coronary balloon angioplasty; each additional vessel (List separately in addition to code for primary procedure)</b>	<b>Global:</b>	<b>Issue:</b> Percutaneous Coronary Intervention	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2012	<b>Tab 10</b>	<b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> October 2010	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> 2.97 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 1.28 <b>Result:</b> Deleted from CPT
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> October 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>
<b>92986</b>	<b>Percutaneous balloon valvuloplasty; aortic valve</b>	<b>Global:</b> 090	<b>Issue:</b> Valvuloplasty	<b>Screen:</b> CMS Fastest Growing	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2008	<b>Tab 26</b>	<b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> October 2008	<b>2019 est Medicare Utilization:</b> 2,857	<b>2007 Work RVU:</b> 22.70 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 12.84 <b>Result:</b> Remove from Screen
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> 22.60 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 10.60



## Status Report: CMS Requests and Relativity Assessment Issues

<b>92992</b>	<b>Atrial septectomy or septostomy; transvenous method, balloon (eg, Rashkind type) (includes cardiac catheterization)</b>	<b>Global:</b> 000	<b>Issue:</b> Atrial Septostomy	<b>Screen:</b> CMS Request - Final Rule for 2019	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2020	<b>Tab</b> 13 <b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> October 2018	<b>2019 est Medicare Utilization:</b> 76	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> 0 <b>2007 Fac PE RVU:</b> 0	<b>2020 Work RVU:</b> 0.00 <b>2020 NF PE RVU:</b> 0.00 <b>2020 Fac PE RVU:</b> 0.00
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> September 2019 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Deleted from CPT	
<hr/>					
<b>92993</b>	<b>Atrial septectomy or septostomy; blade method (Park septostomy) (includes cardiac catheterization)</b>	<b>Global:</b> 000	<b>Issue:</b> Atrial Septostomy	<b>Screen:</b> CMS Request - Final Rule for 2019	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2020	<b>Tab</b> 13 <b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> October 2018	<b>2019 est Medicare Utilization:</b> 1	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> 0 <b>2007 Fac PE RVU:</b> 0	<b>2020 Work RVU:</b> 0.00 <b>2020 NF PE RVU:</b> 0.00 <b>2020 Fac PE RVU:</b> 0.00
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> September 2019 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Deleted from CPT	
<hr/>					
<b>92995</b>	<b>Percutaneous transluminal coronary atherectomy, by mechanical or other method, with or without balloon angioplasty; single vessel</b>	<b>Global:</b>	<b>Issue:</b> Percutaneous Coronary Intervention	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2012	<b>Tab</b> 10 <b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> October 2010	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> 12.07 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 5.45	<b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> October 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Deleted from CPT	

## Status Report: CMS Requests and Relativity Assessment Issues

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<b>92996</b>	Percutaneous transluminal coronary atherectomy, by mechanical or other method, with or without balloon angioplasty; each additional vessel (List separately in addition to code for primary procedure)	<b>Global:</b>	<b>Issue:</b> Percutaneous Coronary Intervention	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
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**Most Recent RUC Meeting:** January 2012

**Tab** 10 **Specialty Developing Recommendation:** ACC

**First Identified:** October 2010

**2019 est Medicare Utilization:**

**2007 Work RVU:** 3.26

**2020 Work RVU:**

**2007 NF PE RVU:** NA

**2020 NF PE RVU:**

**2007 Fac PE RVU** 1.41

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2011

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

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**92X51**

**Global:**

**Issue:** Auditory Evoked Potentials

**Screen:** CMS-Other - Utilization over 30,000

**Complete?** Yes

**Most Recent RUC Meeting:** April 2019

**Tab** 06 **Specialty Developing Recommendation:** AAA, AAO-HNS, ASHA

**First Identified:** February 2019

**2019 est Medicare Utilization:**

**2007 Work RVU:**

**2020 Work RVU:**

**2007 NF PE RVU:**

**2020 NF PE RVU:**

**2007 Fac PE RVU**

**2020 Fac PE RVU:**

**Result:** Decrease

**RUC Recommendation:** 0.25

**Referred to CPT** February 2019

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

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**92X52**

**Global:**

**Issue:** Auditory Evoked Potentials

**Screen:** CMS-Other - Utilization over 30,000

**Complete?** Yes

**Most Recent RUC Meeting:** April 2019

**Tab** 06 **Specialty Developing Recommendation:** AAA, AAO-HNS, ASHA

**First Identified:** February 2019

**2019 est Medicare Utilization:**

**2007 Work RVU:**

**2020 Work RVU:**

**2007 NF PE RVU:**

**2020 NF PE RVU:**

**2007 Fac PE RVU**

**2020 Fac PE RVU:**

**Result:** Increase

**RUC Recommendation:** 1.00

**Referred to CPT** February 2019

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

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# Status Report: CMS Requests and Relativity Assessment Issues

<b>92X53</b>				<b>Global:</b>	<b>Issue:</b> Auditory Evoked Potentials	<b>Screen:</b> CMS-Other - Utilization over 30,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2019	<b>Tab</b> 06	<b>Specialty Developing Recommendation:</b>	AAA, AAO-HNS, ASHA	<b>First Identified:</b> February 2019	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU</b>	<b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>
<b>RUC Recommendation:</b> 1.50				<b>Referred to CPT</b> February 2019		<b>Result:</b> Increase	
				<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

<b>92X54</b>				<b>Global:</b>	<b>Issue:</b> Auditory Evoked Potentials	<b>Screen:</b> CMS-Other - Utilization over 30,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2019	<b>Tab</b> 06	<b>Specialty Developing Recommendation:</b>	AAA, AAN, AAO-HNS, ACNS, ASHA	<b>First Identified:</b> February 2019	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU</b>	<b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>
<b>RUC Recommendation:</b> 1.05				<b>Referred to CPT</b> February 2019		<b>Result:</b> Increase	
				<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

<b>93000</b>	<b>Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report</b>			<b>Global:</b> XXX	<b>Issue:</b> Complete Electrocardiogram	<b>Screen:</b> CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2019	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2019	<b>Tab</b> 20	<b>Specialty Developing Recommendation:</b>	ACC	<b>First Identified:</b> September 2011	<b>2019 est Medicare Utilization:</b> 11,883,535	<b>2007 Work RVU:</b> 0.17 <b>2007 NF PE RVU:</b> 0.47 <b>2007 Fac PE RVU</b> NA	<b>2020 Work RVU:</b> 0.17 <b>2020 NF PE RVU:</b> 0.29 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.17				<b>Referred to CPT</b>		<b>Result:</b> Maintain	
				<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

# Status Report: CMS Requests and Relativity Assessment Issues

<b>93005</b>	Electrocardiogram, routine ECG with at least 12 leads; tracing only, without interpretation and report	<b>Global:</b> XXX	<b>Issue:</b> Complete Electrocardiogram	<b>Screen:</b> High Volume Growth1 / CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2019	<b>Tab</b> 20 <b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> February 2008	<b>2019 est Medicare Utilization:</b> 460,887	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> 0.41 <b>2007 Fac PE RVU</b> NA <b>Result:</b> PE Only	<b>2020 Work RVU:</b> 0.00 <b>2020 NF PE RVU:</b> 0.23 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.00		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>93010</b>	Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only	<b>Global:</b> XXX	<b>Issue:</b> Complete Electrocardiogram	<b>Screen:</b> MPC List / CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2019	<b>Tab</b> 20 <b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> October 2010	<b>2019 est Medicare Utilization:</b> 18,866,949	<b>2007 Work RVU:</b> 0.17 <b>2007 NF PE RVU:</b> 0.06 <b>2007 Fac PE RVU</b> 0.06 <b>Result:</b> Maintain	<b>2020 Work RVU:</b> 0.17 <b>2020 NF PE RVU:</b> 0.06 <b>2020 Fac PE RVU:</b> 0.06
<b>RUC Recommendation:</b> 0.17		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>93012</b>	Deleted from CPT	<b>Global:</b>	<b>Issue:</b> External Cardiovascular Device Monitoring	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2010	<b>Tab</b> 25 <b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> October 2009	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> 5.55 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Deleted from CPT	<b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> February 2010 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

# Status Report: CMS Requests and Relativity Assessment Issues

**93014 Deleted from CPT**

**Global:**

**Issue:** External Cardiovascular Device Monitoring

**Screen:** Harvard Valued - Utilization over 100,000

**Complete?** Yes

**Most Recent RUC Meeting:** April 2010

**Tab** 25

**Specialty Developing Recommendation:** ACC

**First Identified:** October 2009

**2019 est Medicare Utilization:**

**2007 Work RVU:** 0.52

**2020 Work RVU:**

**2007 NF PE RVU:** 0.2

**2020 NF PE RVU:**

**2007 Fac PE RVU** 0.2

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2010

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

**93015 Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report**

**Global:** XXX

**Issue:** Cardiovascular Stress Tests

**Screen:** Codes Reported Together 75% or More- Part1 / CMS High Expenditure Procedural Codes1

**Complete?** Yes

**Most Recent RUC Meeting:** April 2012

**Tab** 47

**Specialty Developing Recommendation:** ACC

**First Identified:** February 2010

**2019 est Medicare Utilization:** 999,644

**2007 Work RVU:** 0.75

**2020 Work RVU:** 0.75

**2007 NF PE RVU:** 1.95

**2020 NF PE RVU:** 1.21

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**NA

**Result:** Maintain

**RUC Recommendation:** 0.75. CPT Assistant published.

**Referred to CPT** October 2010

**Referred to CPT Asst** ☒ **Published in CPT Asst:** Jan 2010

**93016 Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; supervision only, without interpretation and report**

**Global:** XXX

**Issue:** Cardiovascular Stress Tests

**Screen:** Codes Reported Together 75% or More- Part1 / CMS High Expenditure Procedural Codes1

**Complete?** Yes

**Most Recent RUC Meeting:** April 2012

**Tab** 47

**Specialty Developing Recommendation:** ACC

**First Identified:** February 2010

**2019 est Medicare Utilization:** 1,047,732

**2007 Work RVU:** 0.45

**2020 Work RVU:** 0.45

**2007 NF PE RVU:** 0.19

**2020 NF PE RVU:** 0.16

**2007 Fac PE RVU** 0.19

**2020 Fac PE RVU:**0.16

**Result:** Maintain

**RUC Recommendation:** 0.45

**Referred to CPT**

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

# Status Report: CMS Requests and Relativity Assessment Issues

<b>93017</b>	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; tracing only, without interpretation and report	<b>Global:</b> XXX	<b>Issue:</b> Cardiovascular Stress Tests	<b>Screen:</b> High Volume Growth1 / CMS Request - Practice Expense Review / Codes Reported Together 75% or More- Part1 / CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2010	<b>Tab</b> 45 <b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> February 2008	<b>2019 est Medicare Utilization:</b> 96,453	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> 1.64 <b>2007 Fac PE RVU</b> NA <b>Result:</b> PE Only	<b>2020 Work RVU:</b> 0.00 <b>2020 NF PE RVU:</b> 0.94 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> New PE inputs		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			
<b>93018</b>	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; interpretation and report only	<b>Global:</b> XXX	<b>Issue:</b> Cardiovascular Stress Tests and Echocardiography	<b>Screen:</b> Codes Reported Together 75% or More- Part1 / CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab</b> 47 <b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> February 2010	<b>2019 est Medicare Utilization:</b> 1,241,516	<b>2007 Work RVU:</b> 0.30 <b>2007 NF PE RVU:</b> 0.12 <b>2007 Fac PE RVU</b> 0.12 <b>Result:</b> Maintain	<b>2020 Work RVU:</b> 0.30 <b>2020 NF PE RVU:</b> 0.11 <b>2020 Fac PE RVU:</b> 0.11
<b>RUC Recommendation:</b> 0.30		<b>Referred to CPT</b> October 2010 <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/> <b>Published in CPT Asst:</b> Jan 2010			
<b>93025</b>	Microvolt T-wave alternans for assessment of ventricular arrhythmias	<b>Global:</b> XXX	<b>Issue:</b> Microvolt T-Wave Assessment	<b>Screen:</b> CMS Request - Practice Expense Review	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2008	<b>Tab</b> 18 <b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> NA	<b>2019 est Medicare Utilization:</b> 213	<b>2007 Work RVU:</b> 0.75 <b>2007 NF PE RVU:</b> 6.67 <b>2007 Fac PE RVU</b> NA <b>Result:</b> PE Only	<b>2020 Work RVU:</b> 0.75 <b>2020 NF PE RVU:</b> 3.19 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> New PE Inputs		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			

## Status Report: CMS Requests and Relativity Assessment Issues

**93040** Rhythm ECG, 1-3 leads; with interpretation and report

**Global:** XXX **Issue:** Rhythm EKG

**Screen:** Havard Valued -  
Utilization over 1 Million

**Complete?** Yes

**Most Recent  
RUC Meeting:** October 2009

**Tab 34 Specialty Developing  
Recommendation:** ACC

**First  
Identified:** February 2009

**2019 est  
Medicare  
Utilization:** 108,714

**2007 Work RVU:** 0.16

**2020 Work RVU:** 0.15

**2007 NF PE RVU:** 0.2

**2020 NF PE RVU:** 0.19

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**NA

**Result:** Decrease

**RUC Recommendation:** 0.15

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**93041** Rhythm ECG, 1-3 leads; tracing only without interpretation and report

**Global:** XXX **Issue:** Rhythm EKG

**Screen:** Havard Valued -  
Utilization over 1 Million

**Complete?** Yes

**Most Recent  
RUC Meeting:** October 2009

**Tab 34 Specialty Developing  
Recommendation:** ACC

**First  
Identified:** February 2009

**2019 est  
Medicare  
Utilization:** 12,914

**2007 Work RVU:** 0.00

**2020 Work RVU:** 0.00

**2007 NF PE RVU:** 0.15

**2020 NF PE RVU:** 0.15

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**NA

**Result:** Maintain

**RUC Recommendation:** 0.00 (PE only)

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**93042** Rhythm ECG, 1-3 leads; interpretation and report only

**Global:** XXX **Issue:** Rhythm EKG

**Screen:** Havard Valued -  
Utilization over 1 Million

**Complete?** Yes

**Most Recent  
RUC Meeting:** October 2009

**Tab 34 Specialty Developing  
Recommendation:** ACC, ACEP

**First  
Identified:** October 2008

**2019 est  
Medicare  
Utilization:** 362,235

**2007 Work RVU:** 0.16

**2020 Work RVU:** 0.15

**2007 NF PE RVU:** 0.05

**2020 NF PE RVU:** 0.04

**2007 Fac PE RVU** 0.05

**2020 Fac PE RVU:**0.04

**Result:** Decrease

**RUC Recommendation:** 0.15

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

<b>93224</b>	External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation by a physician or other qualified health care professional	<b>Global:</b> XXX	<b>Issue:</b> External Cardiovascular Device Monitoring	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2010	<b>Tab</b> 25 <b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> October 2009	<b>2019 est Medicare Utilization:</b> 284,557	<b>2007 Work RVU:</b> 0.52 <b>2007 NF PE RVU:</b> 3.29 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Maintain	<b>2020 Work RVU:</b> 0.52 <b>2020 NF PE RVU:</b> 1.93 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.52		<b>Referred to CPT</b> February 2010 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>93225</b>	External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; recording (includes connection, recording, and disconnection)	<b>Global:</b> XXX	<b>Issue:</b> External Cardiovascular Device Monitoring	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2010	<b>Tab</b> 25 <b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> October 2009	<b>2019 est Medicare Utilization:</b> 110,328	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> 1.2 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Maintain	<b>2020 Work RVU:</b> 0.00 <b>2020 NF PE RVU:</b> 0.71 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> N/A no physician work		<b>Referred to CPT</b> February 2010 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>93226</b>	External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; scanning analysis with report	<b>Global:</b> XXX	<b>Issue:</b> External Cardiovascular Device Monitoring	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2010	<b>Tab</b> 25 <b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> October 2009	<b>2019 est Medicare Utilization:</b> 154,751	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> 1.88 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Maintain	<b>2020 Work RVU:</b> 0.00 <b>2020 NF PE RVU:</b> 1.01 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> N/A no physician work		<b>Referred to CPT</b> February 2010 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		



## Status Report: CMS Requests and Relativity Assessment Issues

**93227** External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; review and interpretation by a physician or other qualified health care professional **Global:** XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2010 **Tab** 25 **Specialty Developing** ACC  
**Recommendation:**

**First**  
**Identified:** October 2009

**2019 est**  
**Medicare**  
**Utilization:** 344,162

**2007 Work RVU:** 0.52

**2020 Work RVU:** 0.52

**2007 NF PE RVU:** 0.21

**2020 NF PE RVU:** 0.21

**2007 Fac PE RVU** 0.21

**2020 Fac PE RVU:**0.21

**Result:** Maintain

**RUC Recommendation:** 0.52

**Referred to CPT** February 2010

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

**93228** External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days; review and interpretation with report by a physician or other qualified health care professional **Global:** XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 / High Volume Growth6 **Complete?** No

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

**First**  
**Identified:** October 2009

**2019 est**  
**Medicare**  
**Utilization:** 186,123

**2007 Work RVU:**

**2020 Work RVU:** 0.52

**2007 NF PE RVU:**

**2020 NF PE RVU:** 0.19

**2007 Fac PE RVU**

**2020 Fac PE RVU:**0.19

**Result:** Maintain

**RUC Recommendation:** Survey Oct 2020

**Referred to CPT**

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

**93229** External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days; technical support for connection and patient instructions for use, attended surveillance, analysis and transmission of daily and emergent data reports as prescribed by a physician or other qualified health care professional **Global:** XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 / High Volume Growth6 **Complete?** No

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

**First**  
**Identified:** October 2009

**2019 est**  
**Medicare**  
**Utilization:** 271,792

**2007 Work RVU:**

**2020 Work RVU:** 0.00

**2007 NF PE RVU:**

**2020 NF PE RVU:** 19.75

**2007 Fac PE RVU**

**2020 Fac PE RVU:**NA

**Result:** Maintain

**RUC Recommendation:** Survey Oct 2020

**Referred to CPT**

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

## Status Report: CMS Requests and Relativity Assessment Issues

**93230 Deleted from CPT**

**Global:**

**Issue:** Cardiac Device Monitoring

**Screen:** CMS Request - 2009  
Final Rule, Harvard  
Valued - Utilization over  
100,000

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2009

**Tab** 31

**Specialty Developing  
Recommendation:** ACC

**First  
Identified:** NA

**2019 est  
Medicare  
Utilization:**

**2007 Work RVU:** 0.52

**2020 Work RVU:**

**2007 NF PE RVU:** 3.49

**2020 NF PE RVU:**

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2010

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

**93231 Deleted from CPT**

**Global:**

**Issue:** External Cardiovascular  
Device Monitoring

**Screen:** Harvard Valued -  
Utilization over 100,000

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2010

**Tab** 25

**Specialty Developing  
Recommendation:**

**First  
Identified:** October 2009

**2019 est  
Medicare  
Utilization:**

**2007 Work RVU:** 0.00

**2020 Work RVU:**

**2007 NF PE RVU:** 1.37

**2020 NF PE RVU:**

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2010

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

**93232 Deleted from CPT**

**Global:**

**Issue:** External Cardiovascular  
Device Monitoring

**Screen:** Harvard Valued -  
Utilization over 100,000

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2010

**Tab** 25

**Specialty Developing  
Recommendation:**

**First  
Identified:** October 2009

**2019 est  
Medicare  
Utilization:**

**2007 Work RVU:** 0.00

**2020 Work RVU:**

**2007 NF PE RVU:** 1.92

**2020 NF PE RVU:**

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2010

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

## Status Report: CMS Requests and Relativity Assessment Issues

**93233 Deleted from CPT**

**Global:**

**Issue:** Cardiac Device Monitoring

**Screen:** CMS Request - 2009  
Final Rule, Harvard  
Valued - Utilization over  
100,000

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2009

**Tab** 31

**Specialty Developing  
Recommendation:** ACC

**First  
Identified:** NA

**2019 est  
Medicare  
Utilization:**

**2007 Work RVU:** 0.52

**2020 Work RVU:**

**2007 NF PE RVU:** 0.2

**2020 NF PE RVU:**

**2007 Fac PE RVU** 0.2

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2010

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

**93235 Deleted from CPT**

**Global:**

**Issue:** External Cardiovascular  
Device Monitoring

**Screen:** Harvard Valued -  
Utilization over 100,000

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2010

**Tab** 25

**Specialty Developing  
Recommendation:**

**First  
Identified:** October 2009

**2019 est  
Medicare  
Utilization:**

**2007 Work RVU:** 0.00

**2020 Work RVU:**

**2007 NF PE RVU:** 0

**2020 NF PE RVU:**

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2010

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

**93236 Deleted from CPT**

**Global:**

**Issue:** Cardiovascular Stress Test

**Screen:** Harvard Valued -  
Utilization over 100,000

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2009

**Tab** 38

**Specialty Developing  
Recommendation:** ACC

**First  
Identified:** February 2008

**2019 est  
Medicare  
Utilization:**

**2007 Work RVU:** 0.00

**2020 Work RVU:**

**2007 NF PE RVU:** 0

**2020 NF PE RVU:**

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2010

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

# Status Report: CMS Requests and Relativity Assessment Issues

**93237 Deleted from CPT** **Global:** **Issue:** Wearable Cardiac Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

**Most Recent** **Tab** 31 **Specialty Developing** ACC  
**RUC Meeting:** February 2010 **Recommendation:**

**First Identified:** October 2009

**2019 est Medicare Utilization:**

**2007 Work RVU:** 0.45

**2020 Work RVU:**

**2007 NF PE RVU:** 0.18

**2020 NF PE RVU:**

**2007 Fac PE RVU:** 0.18

**2020 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2010

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

**Result:** Deleted from CPT

**93268** External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; includes transmission, review and interpretation by a physician or other qualified health care professional

**Global:** XXX

**Issue:** External Cardiovascular Device Monitoring

**Screen:** Harvard Valued - Utilization over 100,000

**Complete?** Yes

**Most Recent** **Tab** 25 **Specialty Developing** ACC  
**RUC Meeting:** April 2010 **Recommendation:**

**First Identified:** October 2009

**2019 est Medicare Utilization:** 11,689

**2007 Work RVU:** 0.52

**2020 Work RVU:** 0.52

**2007 NF PE RVU:** 7.02

**2020 NF PE RVU:** 5.08

**2007 Fac PE RVU:** NA

**2020 Fac PE RVU:** NA

**RUC Recommendation:** 0.52

**Referred to CPT** February 2010

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

**Result:** Maintain

**93270** External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; recording (includes connection, recording, and disconnection)

**Global:** XXX

**Issue:** External Cardiovascular Device Monitoring

**Screen:** Harvard Valued - Utilization over 100,000

**Complete?** Yes

**Most Recent** **Tab** 25 **Specialty Developing** ACC  
**RUC Meeting:** April 2010 **Recommendation:**

**First Identified:** October 2009

**2019 est Medicare Utilization:** 39,075

**2007 Work RVU:** 0.00

**2020 Work RVU:** 0.00

**2007 NF PE RVU:** 1

**2020 NF PE RVU:** 0.24

**2007 Fac PE RVU:** NA

**2020 Fac PE RVU:** NA

**RUC Recommendation:** New PE inputs

**Referred to CPT** February 2010

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

**Result:** PE Only

## Status Report: CMS Requests and Relativity Assessment Issues

<b>93271</b>	External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; transmission and analysis	<b>Global:</b> XXX	<b>Issue:</b> External Cardiovascular Device Monitoring	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2010	<b>Tab</b> 25 <b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> October 2009	<b>2019 est Medicare Utilization:</b> 54,627	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> 5.82 <b>2007 Fac PE RVU</b> NA <b>Result:</b> PE Only	<b>2020 Work RVU:</b> 0.00 <b>2020 NF PE RVU:</b> 4.66 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> New PE inputs		<b>Referred to CPT</b> February 2010 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>93272</b>	External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; review and interpretation by a physician or other qualified health care professional	<b>Global:</b> XXX	<b>Issue:</b> External Cardiovascular Device Monitoring	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2010	<b>Tab</b> 25 <b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> October 2009	<b>2019 est Medicare Utilization:</b> 104,829	<b>2007 Work RVU:</b> 0.52 <b>2007 NF PE RVU:</b> 0.2 <b>2007 Fac PE RVU</b> 0.2 <b>Result:</b> Maintain	<b>2020 Work RVU:</b> 0.52 <b>2020 NF PE RVU:</b> 0.18 <b>2020 Fac PE RVU:</b> 0.18
<b>RUC Recommendation:</b> 0.52		<b>Referred to CPT</b> February 2010 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>93279</b>	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead pacemaker system or leadless pacemaker system in one cardiac chamber	<b>Global:</b> XXX	<b>Issue:</b> Cardiac Electrophysiology Device Monitoring Services	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2016	<b>Tab</b> 25 <b>Specialty Developing Recommendation:</b> ACC, HRS	<b>First Identified:</b> July 2015	<b>2019 est Medicare Utilization:</b> 152,741	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU</b> <b>Result:</b> Maintain	<b>2020 Work RVU:</b> 0.65 <b>2020 NF PE RVU:</b> 1.04 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.65		<b>Referred to CPT</b> February 2017 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

# Status Report: CMS Requests and Relativity Assessment Issues

<b>93280</b>	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead pacemaker system	<b>Global:</b> XXX	<b>Issue:</b> Cardiac Electrophysiology Device Monitoring Services	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2016	<b>Tab</b> 25 <b>Specialty Developing Recommendation:</b> ACC, HRS	<b>First Identified:</b> July 2015	<b>2019 est Medicare Utilization:</b> 986,249	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Maintain	<b>2020 Work RVU:</b> 0.77 <b>2020 NF PE RVU:</b> 1.22 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.77		<b>Referred to CPT</b> February 2017 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>93281</b>	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead pacemaker system	<b>Global:</b> XXX	<b>Issue:</b> Cardiac Electrophysiology Device Monitoring Services	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2016	<b>Tab</b> 25 <b>Specialty Developing Recommendation:</b> ACC, HRS	<b>First Identified:</b> July 2015	<b>2019 est Medicare Utilization:</b> 73,701	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease	<b>2020 Work RVU:</b> 0.85 <b>2020 NF PE RVU:</b> 1.28 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.85		<b>Referred to CPT</b> February 2017 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>93282</b>	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead transvenous implantable defibrillator system	<b>Global:</b> XXX	<b>Issue:</b> Cardiac Electrophysiology Device Monitoring Services	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2016	<b>Tab</b> 25 <b>Specialty Developing Recommendation:</b> ACC, HRS	<b>First Identified:</b> July 2015	<b>2019 est Medicare Utilization:</b> 115,690	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Maintain	<b>2020 Work RVU:</b> 0.85 <b>2020 NF PE RVU:</b> 1.19 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.85		<b>Referred to CPT</b> February 2017 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

# Status Report: CMS Requests and Relativity Assessment Issues

**93283** Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead transvenous implantable defibrillator system **Global:** XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent** **Tab** 25 **Specialty Developing** ACC, HRS **First Identified:** July 2015 **2019 est Medicare Utilization:** 214,401 **2007 Work RVU:** **2020 Work RVU:** 1.15  
**RUC Meeting:** October 2016 **Recommendation:** **2007 NF PE RVU:** **2020 NF PE RVU:** 1.39  
**RUC Recommendation:** 1.15 **Referred to CPT** February 2017 **2007 Fac PE RVU** **2020 Fac PE RVU:** NA  
**Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

**93284** Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead transvenous implantable defibrillator system **Global:** XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent** **Tab** 25 **Specialty Developing** ACC, HRS **First Identified:** July 2015 **2019 est Medicare Utilization:** 246,603 **2007 Work RVU:** **2020 Work RVU:** 1.25  
**RUC Meeting:** October 2016 **Recommendation:** **2007 NF PE RVU:** **2020 NF PE RVU:** 1.50  
**RUC Recommendation:** 1.25 **Referred to CPT** February 2017 **2007 Fac PE RVU** **2020 Fac PE RVU:** NA  
**Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

**93285** Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; subcutaneous cardiac rhythm monitor system **Global:** XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent** **Tab** 25 **Specialty Developing** ACC, HRS **First Identified:** July 2015 **2019 est Medicare Utilization:** 40,620 **2007 Work RVU:** **2020 Work RVU:** 0.52  
**RUC Meeting:** October 2016 **Recommendation:** **2007 NF PE RVU:** **2020 NF PE RVU:** 0.97  
**RUC Recommendation:** 0.52 **Referred to CPT** February 2017 **2007 Fac PE RVU** **2020 Fac PE RVU:** NA  
**Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

## Status Report: CMS Requests and Relativity Assessment Issues

**93286** Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead pacemaker system, or leadless pacemaker system **Global:** XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** October 2016

**Tab 25 Specialty Developing Recommendation:** ACC, HRS

**First Identified:** July 2015

**2019 est Medicare Utilization:** 20,480

**2007 Work RVU:**

**2020 Work RVU:** 0.30

**2007 NF PE RVU:**

**2020 NF PE RVU:** 0.82

**2007 Fac PE RVU**

**2020 Fac PE RVU:**NA

**Result:** Maintain

**RUC Recommendation:** 0.30

**Referred to CPT** February 2017

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

**93287** Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead implantable defibrillator system **Global:** XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** October 2016

**Tab 25 Specialty Developing Recommendation:** ACC, HRS

**First Identified:** July 2015

**2019 est Medicare Utilization:** 12,854

**2007 Work RVU:**

**2020 Work RVU:** 0.45

**2007 NF PE RVU:**

**2020 NF PE RVU:** 0.88

**2007 Fac PE RVU**

**2020 Fac PE RVU:**NA

**Result:** Maintain

**RUC Recommendation:** 0.45

**Referred to CPT** February 2017

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

**93288** Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead pacemaker system, or leadless pacemaker system **Global:** XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** October 2016

**Tab 25 Specialty Developing Recommendation:** ACC, HRS

**First Identified:** July 2015

**2019 est Medicare Utilization:** 242,876

**2007 Work RVU:**

**2020 Work RVU:** 0.43

**2007 NF PE RVU:**

**2020 NF PE RVU:** 0.94

**2007 Fac PE RVU**

**2020 Fac PE RVU:**NA

**Result:** Maintain

**RUC Recommendation:** 0.43

**Referred to CPT** February 2017

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



## Status Report: CMS Requests and Relativity Assessment Issues

**93289** Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead transvenous implantable defibrillator system, including analysis of heart rhythm derived data elements **Global:** XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** October 2016 **Tab** 25 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2019 est Medicare Utilization:** 97,500 **2007 Work RVU:** **2020 Work RVU:** 0.75 **2007 NF PE RVU:** **2020 NF PE RVU:** 1.08 **2007 Fac PE RVU** **2020 Fac PE RVU:** NA **Result:** Decrease  
**RUC Recommendation:** 0.75 **Referred to CPT** February 2017 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**93290** Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable cardiovascular physiologic monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors **Global:** XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** October 2016 **Tab** 25 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2019 est Medicare Utilization:** 118,819 **2007 Work RVU:** **2020 Work RVU:** 0.43 **2007 NF PE RVU:** **2020 NF PE RVU:** 0.88 **2007 Fac PE RVU** **2020 Fac PE RVU:** NA **Result:** Maintain  
**RUC Recommendation:** 0.43 **Referred to CPT** February 2017 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**93291** Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; subcutaneous cardiac rhythm monitor system, including heart rhythm derived data analysis **Global:** XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** October 2016 **Tab** 25 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2019 est Medicare Utilization:** 68,111 **2007 Work RVU:** **2020 Work RVU:** 0.37 **2007 NF PE RVU:** **2020 NF PE RVU:** 0.83 **2007 Fac PE RVU** **2020 Fac PE RVU:** NA **Result:** Decrease  
**RUC Recommendation:** 0.37 **Referred to CPT** February 2017 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

93292	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; wearable defibrillator system	Global: XXX	Issue: Cardiac Electrophysiology Device Monitoring Services	Screen: CMS High Expenditure Procedural Codes2	Complete? Yes	
Most Recent RUC Meeting: October 2016	Tab 25	Specialty Developing Recommendation: ACC, HRS	First Identified: July 2015	2019 est Medicare Utilization: 1,142	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Maintain	2020 Work RVU: 0.43 2020 NF PE RVU: 0.81 2020 Fac PE RVU:NA
RUC Recommendation: 0.43			Referred to CPT February 2017 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
93293	Transtelephonic rhythm strip pacemaker evaluation(s) single, dual, or multiple lead pacemaker system, includes recording with and without magnet application with analysis, review and report(s) by a physician or other qualified health care professional, up to 90 days	Global: XXX	Issue: Cardiac Electrophysiology Device Monitoring Services	Screen: CMS High Expenditure Procedural Codes2	Complete? Yes	
Most Recent RUC Meeting: January 2017	Tab 23	Specialty Developing Recommendation: ACC, HRS	First Identified: July 2015	2019 est Medicare Utilization: 50,828	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2020 Work RVU: 0.31 2020 NF PE RVU: 1.13 2020 Fac PE RVU:NA
RUC Recommendation: 0.31			Referred to CPT February 2017 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
93294	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system, or leadless pacemaker system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional	Global: XXX	Issue: Cardiac Electrophysiology Device Monitoring Services	Screen: CMS High Expenditure Procedural Codes2	Complete? Yes	
Most Recent RUC Meeting: January 2017	Tab 23	Specialty Developing Recommendation: ACC, HRS	First Identified: July 2015	2019 est Medicare Utilization: 1,162,316	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2020 Work RVU: 0.60 2020 NF PE RVU: 0.24 2020 Fac PE RVU:0.24
RUC Recommendation: 0.60			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

# Status Report: CMS Requests and Relativity Assessment Issues

**93295** Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead implantable defibrillator system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional **Global:** XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** January 2017 **Tab** 23 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2019 est Medicare Utilization:** 618,312 **2007 Work RVU:** **2020 Work RVU:** 0.74 **2007 NF PE RVU:** **2020 NF PE RVU:** 0.30 **2007 Fac PE RVU:** **2020 Fac PE RVU:** 0.30 **RUC Recommendation:** 0.74 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

**93296** Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system, leadless pacemaker system, or implantable defibrillator system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results **Global:** XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** October 2016 **Tab** 25 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2019 est Medicare Utilization:** 1,298,857 **2007 Work RVU:** **2020 Work RVU:** 0.00 **2007 NF PE RVU:** **2020 NF PE RVU:** 0.71 **2007 Fac PE RVU:** **2020 Fac PE RVU:** NA **RUC Recommendation:** New PE inputs and Refer to CPT **Referred to CPT** February 2017 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

**93297** Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors, analysis, review(s) and report(s) by a physician or other qualified health care professional **Global:** XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** January 2017 **Tab** 23 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2019 est Medicare Utilization:** 436,176 **2007 Work RVU:** **2020 Work RVU:** 0.52 **2007 NF PE RVU:** **2020 NF PE RVU:** 0.20 **2007 Fac PE RVU:** **2020 Fac PE RVU:** 0.20 **RUC Recommendation:** 0.52 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

# Status Report: CMS Requests and Relativity Assessment Issues

**93298** Interrogation device evaluation(s), (remote) up to 30 days; subcutaneous cardiac rhythm monitor system, including analysis of recorded heart rhythm data, analysis, review(s) and report(s) by a physician or other qualified health care professional **Global:** XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** January 2017 **Tab** 23 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2019 est Medicare Utilization:** 718,193 **2007 Work RVU:** **2020 Work RVU:** 0.52 **2007 NF PE RVU:** **2020 NF PE RVU:** 0.21 **2007 Fac PE RVU Result:** Maintain **RUC Recommendation:** 0.52 **Referred to CPT Referred to CPT Asst** ☐ **Published in CPT Asst:**

**93299** Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system or subcutaneous cardiac rhythm monitor system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results **Global:** **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 / Contractor Priced High Volume **Complete?** Yes

**Most Recent RUC Meeting:** October 2018 **Tab** 22 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2019 est Medicare Utilization:** 790,455 **2007 Work RVU:** **2020 Work RVU:** **2007 NF PE RVU:** **2020 NF PE RVU:** **2007 Fac PE RVU Result:** Deleted from CPT **RUC Recommendation:** Deleted from CPT **Referred to CPT** February 2019 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**93306** Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral Doppler echocardiography, and with color flow Doppler echocardiography **Global:** XXX **Issue:** Complete Transthoracic Echocardiography (TTE) with Doppler **Screen:** CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2019 **Complete?** Yes

**Most Recent RUC Meeting:** April 2019 **Tab** 21 **Specialty Developing Recommendation:** ACC, ASE **First Identified:** July 2015 **2019 est Medicare Utilization:** 7,396,555 **2007 Work RVU:** **2020 Work RVU:** 1.50 **2007 NF PE RVU:** **2020 NF PE RVU:** 4.29 **2007 Fac PE RVU Result:** Decrease **RUC Recommendation:** 1.46 **Referred to CPT Referred to CPT Asst** ☐ **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

<b>93307</b>	<b>Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography</b>	<b>Global:</b> XXX	<b>Issue:</b> Transthoracic Echocardiography (TTE)	<b>Screen:</b> CMS Request - Practice Expense Review / CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab</b> 42 <b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> NA	<b>2019 est Medicare Utilization:</b> 26,672	<b>2007 Work RVU:</b> 0.92 <b>2007 NF PE RVU:</b> 4.1 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Maintain	<b>2020 Work RVU:</b> 0.92 <b>2020 NF PE RVU:</b> 3.02 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.92		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
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<b>93308</b>	<b>Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study</b>	<b>Global:</b> XXX	<b>Issue:</b> Transthoracic Echocardiography (TTE)	<b>Screen:</b> CMS Fastest Growing, Harvard Valued - Utilization over 100,000 / CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab</b> 42 <b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> October 2008	<b>2019 est Medicare Utilization:</b> 435,885	<b>2007 Work RVU:</b> 0.53 <b>2007 NF PE RVU:</b> 2.26 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Maintain	<b>2020 Work RVU:</b> 0.53 <b>2020 NF PE RVU:</b> 2.23 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.53		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
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<b>93320</b>	<b>Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); complete</b>	<b>Global:</b> ZZZ	<b>Issue:</b> Doppler Echocardiography	<b>Screen:</b> CMS Request - Practice Expense Review / CMS-Other - Utilization over 250,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2014	<b>Tab</b> 30 <b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> February 2009	<b>2019 est Medicare Utilization:</b> 365,942	<b>2007 Work RVU:</b> 0.38 <b>2007 NF PE RVU:</b> 1.82 <b>2007 Fac PE RVU</b> 1.82 <b>Result:</b> Maintain	<b>2020 Work RVU:</b> 0.38 <b>2020 NF PE RVU:</b> 1.11 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.38		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

## Status Report: CMS Requests and Relativity Assessment Issues

<b>93321</b>	Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); follow-up or limited study (List separately in addition to codes for echocardiographic imaging)	<b>Global:</b> ZZZ	<b>Issue:</b> Doppler Echocardiography	<b>Screen:</b> CMS-Other - Utilization over 250,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2014	<b>Tab</b> 30 <b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> October 2013	<b>2019 est Medicare Utilization:</b> 239,405	<b>2007 Work RVU:</b> 0.15 <b>2007 NF PE RVU:</b> 1.04 <b>2007 Fac PE RVU:</b> 1.04 <b>Result:</b> Maintain	<b>2020 Work RVU:</b> 0.15 <b>2020 NF PE RVU:</b> 0.59 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.15		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
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<b>93325</b>	Doppler echocardiography color flow velocity mapping (List separately in addition to codes for echocardiography)	<b>Global:</b> ZZZ	<b>Issue:</b> Doppler Echocardiography	<b>Screen:</b> CMS Request - Practice Expense Review / CMS-Other - Utilization over 250,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2014	<b>Tab</b> 30 <b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> February 2009	<b>2019 est Medicare Utilization:</b> 606,488	<b>2007 Work RVU:</b> 0.07 <b>2007 NF PE RVU:</b> 2.36 <b>2007 Fac PE RVU:</b> 2.36 <b>Result:</b> Maintain	<b>2020 Work RVU:</b> 0.07 <b>2020 NF PE RVU:</b> 0.63 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.07		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
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<b>93350</b>	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	<b>Global:</b> XXX	<b>Issue:</b> Stress Transthoracic Echocardiography (TTE) Complete	<b>Screen:</b> Other - Identified by RUC / Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2016	<b>Tab</b> 26 <b>Specialty Developing Recommendation:</b> ACC, ASE	<b>First Identified:</b> April 2008	<b>2019 est Medicare Utilization:</b> 95,788	<b>2007 Work RVU:</b> 1.48 <b>2007 NF PE RVU:</b> 3.03 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Decrease	<b>2020 Work RVU:</b> 1.46 <b>2020 NF PE RVU:</b> 3.83 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 1.46; CPT Assistant article published		<b>Referred to CPT</b> October 2010 <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Jan 2010		

## Status Report: CMS Requests and Relativity Assessment Issues

**93351** Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with supervision by a physician or other qualified health care professional

**Global:** XXX **Issue:** Stress Transthoracic Echocardiography (TTE) Complete **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** October 2016

**Tab 26 Specialty Developing Recommendation:** ACC, ASE

**First Identified:** July 2015

**2019 est Medicare Utilization:** 241,940

**2007 Work RVU:**

**2020 Work RVU:** 1.75

**2007 NF PE RVU:**

**2020 NF PE RVU:** 4.79

**2007 Fac PE RVU**

**2020 Fac PE RVU:** NA

**Result:** Maintain

**RUC Recommendation:** 1.75

**Referred to CPT**

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

**93451** Right heart catheterization including measurement(s) of oxygen saturation and cardiac output, when performed

**Global:** 000

**Issue:** Diagnostic Cardiac Catheterization

**Screen:** Codes Reported Together 95% or More / Modifier -51 Exempt

**Complete?** Yes

**Most Recent RUC Meeting:** April 2018

**Tab 33 Specialty Developing Recommendation:** ACC

**First Identified:**

**2019 est Medicare Utilization:** 44,232

**2007 Work RVU:**

**2020 Work RVU:** 2.47

**2007 NF PE RVU:**

**2020 NF PE RVU:** 21.00

**2007 Fac PE RVU**

**2020 Fac PE RVU:** NA

**Result:** Decrease

**RUC Recommendation:** Remove from Modifier -51 exempt list. 3.02

**Referred to CPT** October 2009

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

**93452** Left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed

**Global:** 000

**Issue:** Diagnostic Cardiac Catheterization

**Screen:** Codes Reported Together 95% or More

**Complete?** Yes

**Most Recent RUC Meeting:** April 2011

**Tab 28 Specialty Developing Recommendation:** ACC

**First Identified:**

**2019 est Medicare Utilization:** 3,594

**2007 Work RVU:**

**2020 Work RVU:** 4.50

**2007 NF PE RVU:**

**2020 NF PE RVU:** 20.57

**2007 Fac PE RVU**

**2020 Fac PE RVU:** NA

**Result:** Decrease

**RUC Recommendation:** 4.32

**Referred to CPT** October 2009

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

## Status Report: CMS Requests and Relativity Assessment Issues

<b>93453</b>	Combined right and left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	<b>Global:</b> 000	<b>Issue:</b> Diagnostic Cardiac Catheterization	<b>Screen:</b> Codes Reported Together 95% or More	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2011	<b>Tab</b> 28 <b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b>	<b>2019 est Medicare Utilization:</b> 2,368	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease	<b>2020 Work RVU:</b> 5.99 <b>2020 NF PE RVU:</b> 26.26 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 5.98		<b>Referred to CPT</b> October 2009 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			
<b>93454</b>	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation;	<b>Global:</b> 000	<b>Issue:</b> Diagnostic Cardiac Catheterization	<b>Screen:</b> Codes Reported Together 95% or More	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2011	<b>Tab</b> 28 <b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b>	<b>2019 est Medicare Utilization:</b> 127,375	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease	<b>2020 Work RVU:</b> 4.54 <b>2020 NF PE RVU:</b> 20.56 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 4.95		<b>Referred to CPT</b> October 2009 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			
<b>93455</b>	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography	<b>Global:</b> 000	<b>Issue:</b> Diagnostic Cardiac Catheterization	<b>Screen:</b> Codes Reported Together 95% or More	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2011	<b>Tab</b> 28 <b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b>	<b>2019 est Medicare Utilization:</b> 27,649	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease	<b>2020 Work RVU:</b> 5.29 <b>2020 NF PE RVU:</b> 23.21 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 6.15		<b>Referred to CPT</b> October 2009 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			



## Status Report: CMS Requests and Relativity Assessment Issues

<b>93456</b>	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right heart catheterization	<b>Global:</b> 000	<b>Issue:</b> Diagnostic Cardiac Catheterization	<b>Screen:</b> Codes Reported Together 95% or More / Modifier -51 Exempt	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2018	<b>Tab</b> 33 <b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b>	<b>2019 est Medicare Utilization:</b> 19,829	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease	<b>2020 Work RVU:</b> 5.90 <b>2020 NF PE RVU:</b> 25.85 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> Remove from Modifier -51 Exempt List. 6.00		<b>Referred to CPT</b> October 2009 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			
<b>93457</b>	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography and right heart catheterization	<b>Global:</b> 000	<b>Issue:</b> Diagnostic Cardiac Catheterization	<b>Screen:</b> Codes Reported Together 95% or More	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2011	<b>Tab</b> 28 <b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b>	<b>2019 est Medicare Utilization:</b> 3,711	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease	<b>2020 Work RVU:</b> 6.64 <b>2020 NF PE RVU:</b> 28.47 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 7.66		<b>Referred to CPT</b> October 2009 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			
<b>93458</b>	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed	<b>Global:</b> 000	<b>Issue:</b> Diagnostic Cardiac Catheterization	<b>Screen:</b> Codes Reported Together 95% or More	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2011	<b>Tab</b> 28 <b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b>	<b>2019 est Medicare Utilization:</b> 507,961	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease	<b>2020 Work RVU:</b> 5.60 <b>2020 NF PE RVU:</b> 23.73 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 6.51		<b>Referred to CPT</b> October 2009 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			

## Status Report: CMS Requests and Relativity Assessment Issues

93459	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography	Global: 000	Issue: Diagnostic Cardiac Catheterization	Screen: Codes Reported Together 95% or More	Complete? Yes
Most Recent RUC Meeting:	Tab 28 Specialty Developing Recommendation: ACC	First Identified:	2019 est Medicare Utilization: 90,436	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2020 Work RVU: 6.35 2020 NF PE RVU: 25.53 2020 Fac PE RVU:NA
RUC Recommendation: 7.34		Referred to CPT October 2009 Referred to CPT Asst <input type="checkbox"/> Published in CPT Asst:			
93460	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed	Global: 000	Issue: Diagnostic Cardiac Catheterization	Screen: Codes Reported Together 95% or More	Complete? Yes
Most Recent RUC Meeting:	Tab 28 Specialty Developing Recommendation: ACC	First Identified:	2019 est Medicare Utilization: 89,701	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2020 Work RVU: 7.10 2020 NF PE RVU: 28.18 2020 Fac PE RVU:NA
RUC Recommendation: 7.88		Referred to CPT October 2009 Referred to CPT Asst <input type="checkbox"/> Published in CPT Asst:			
93461	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography	Global: 000	Issue: Diagnostic Cardiac Catheterization	Screen: Codes Reported Together 95% or More	Complete? Yes
Most Recent RUC Meeting:	Tab 28 Specialty Developing Recommendation: ACC	First Identified:	2019 est Medicare Utilization: 14,051	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2020 Work RVU: 7.85 2020 NF PE RVU: 31.66 2020 Fac PE RVU:NA
RUC Recommendation: 9.00		Referred to CPT October 2009 Referred to CPT Asst <input type="checkbox"/> Published in CPT Asst:			

## Status Report: CMS Requests and Relativity Assessment Issues

**93462** Left heart catheterization by transseptal puncture through intact septum or by transapical puncture (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

**Most Recent RUC Meeting:** April 2011

**Tab 28 Specialty Developing Recommendation:** ACC

**First Identified:**

**2019 est Medicare Utilization:** 6,479

**2007 Work RVU:**  
**2007 NF PE RVU:**  
**2007 Fac PE RVU**  
**Result:** Decrease

**2020 Work RVU:** 3.73  
**2020 NF PE RVU:** 1.56  
**2020 Fac PE RVU:** 1.56

**RUC Recommendation:** 3.73

**Referred to CPT** October 2009

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

**93463** Pharmacologic agent administration (eg, inhaled nitric oxide, intravenous infusion of nitroprusside, dobutamine, milrinone, or other agent) including assessing hemodynamic measurements before, during, after and repeat pharmacologic agent administration, when performed (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

**Most Recent RUC Meeting:** April 2011

**Tab 28 Specialty Developing Recommendation:** ACC

**First Identified:**

**2019 est Medicare Utilization:** 6,287

**2007 Work RVU:**  
**2007 NF PE RVU:**  
**2007 Fac PE RVU**  
**Result:** Decrease

**2020 Work RVU:** 2.00  
**2020 NF PE RVU:** 0.69  
**2020 Fac PE RVU:** 0.69

**RUC Recommendation:** 2.00

**Referred to CPT** October 2009

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

**93464** Physiologic exercise study (eg, bicycle or arm ergometry) including assessing hemodynamic measurements before and after (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

**Most Recent RUC Meeting:** April 2011

**Tab 28 Specialty Developing Recommendation:** ACC

**First Identified:**

**2019 est Medicare Utilization:** 1,054

**2007 Work RVU:**  
**2007 NF PE RVU:**  
**2007 Fac PE RVU**  
**Result:** Decrease

**2020 Work RVU:** 1.80  
**2020 NF PE RVU:** 4.99  
**2020 Fac PE RVU:** NA

**RUC Recommendation:** 1.80

**Referred to CPT** October 2009

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

# Status Report: CMS Requests and Relativity Assessment Issues

**93501 Deleted from CPT**

**Global:**

**Issue:** Cardiac Catheterization

**Screen:** Codes Reported Together 95% or More

**Complete?** Yes

**Most Recent RUC Meeting:** April 2010

**Tab** 26

**Specialty Developing Recommendation:** ACC

**First Identified:** February 2008

**2019 est Medicare Utilization:**

**2007 Work RVU:** 0.00

**2020 Work RVU:**

**2007 NF PE RVU:** 0

**2020 NF PE RVU:**

**2007 Fac PE RVU** 0

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2009

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

**93503 Insertion and placement of flow directed catheter (eg, Swan-Ganz) for monitoring purposes**

**Global:** 000

**Issue:** Insertion of Catheter

**Screen:** CMS High Expenditure Procedural Codes2 / Codes Reported Together 75%or More-Part4 / Modifier -51 Exempt

**Complete?** Yes

**Most Recent RUC Meeting:** April 2018

**Tab** 33

**Specialty Developing Recommendation:** ACR, ASA

**First Identified:** July 2015

**2019 est Medicare Utilization:** 71,386

**2007 Work RVU:** 0.00

**2020 Work RVU:** 2.00

**2007 NF PE RVU:** NA

**2020 NF PE RVU:** NA

**2007 Fac PE RVU** 0

**2020 Fac PE RVU:**0.37

**Result:** Decrease

**RUC Recommendation:** 2.00

**Referred to CPT**

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

**93508 Deleted from CPT**

**Global:**

**Issue:** Cardiac Catheterization

**Screen:** Codes Reported Together 95% or More

**Complete?** Yes

**Most Recent RUC Meeting:** April 2010

**Tab** 26

**Specialty Developing Recommendation:** ACC

**First Identified:** February 2008

**2019 est Medicare Utilization:**

**2007 Work RVU:** 0.00

**2020 Work RVU:**

**2007 NF PE RVU:** 0

**2020 NF PE RVU:**

**2007 Fac PE RVU** 0

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2009

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

## Status Report: CMS Requests and Relativity Assessment Issues

**93510 Deleted from CPT**

**Global:** **Issue:** Cardiac Catheterization

**Screen:** Codes Reported Together 95% or More/  
CMS Request - Practice Expense Review, Harvard Valued - Utilization over 100,000

**Complete?** Yes

**Most Recent** **Tab** 31 **Specialty Developing** ACC  
**RUC Meeting:** February 2009 **Recommendation:**

**First Identified:** February 2008

**2019 est Medicare Utilization:**

**2007 Work RVU:** 0.00

**2020 Work RVU:**

**2007 NF PE RVU:** 0

**2020 NF PE RVU:**

**2007 Fac PE RVU:** 0

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2009

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

**93511 Deleted from CPT**

**Global:** **Issue:** Cardiac Catheterization

**Screen:** Codes Reported Together 95% or More

**Complete?** Yes

**Most Recent** **Tab** 26 **Specialty Developing** ACC  
**RUC Meeting:** April 2010 **Recommendation:**

**First Identified:** February 2008

**2019 est Medicare Utilization:**

**2007 Work RVU:** 0.00

**2020 Work RVU:**

**2007 NF PE RVU:** NA

**2020 NF PE RVU:**

**2007 Fac PE RVU:** 0

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2009

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

**93514 Deleted from CPT**

**Global:** **Issue:** Cardiac Catheterization

**Screen:** Codes Reported Together 95% or More

**Complete?** Yes

**Most Recent** **Tab** 26 **Specialty Developing** ACC  
**RUC Meeting:** April 2010 **Recommendation:**

**First Identified:** February 2008

**2019 est Medicare Utilization:**

**2007 Work RVU:** 0.00

**2020 Work RVU:**

**2007 NF PE RVU:** 0

**2020 NF PE RVU:**

**2007 Fac PE RVU:** 0

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2009

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

## Status Report: CMS Requests and Relativity Assessment Issues

**93524 Deleted from CPT**

**Global:**

**Issue:** Cardiac Catheterization

**Screen:** Codes Reported  
Together 95% or More

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2010

**Tab** 26

**Specialty Developing  
Recommendation:** ACC

**First  
Identified:** February 2008

**2019 est  
Medicare  
Utilization:**

**2007 Work RVU:** 0.00

**2020 Work RVU:**

**2007 NF PE RVU:** NA

**2020 NF PE RVU:**

**2007 Fac PE RVU** 0

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2009

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

**93526 Deleted from CPT**

**Global:**

**Issue:** Cardiac Catheterization

**Screen:** Codes Reported  
Together 95% or More /  
Harvard Valued -  
Utilization over 100,000

**Complete?** Yes

**Most Recent  
RUC Meeting:** February 2008

**Tab** S

**Specialty Developing  
Recommendation:** ACC

**First  
Identified:** February 2008

**2019 est  
Medicare  
Utilization:**

**2007 Work RVU:** 0.00

**2020 Work RVU:**

**2007 NF PE RVU:** 0

**2020 NF PE RVU:**

**2007 Fac PE RVU** 0

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2009

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

**93527 Deleted from CPT**

**Global:**

**Issue:** Cardiac Catheterization

**Screen:** Codes Reported  
Together 95% or More

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2010

**Tab** 26

**Specialty Developing  
Recommendation:** ACC

**First  
Identified:** February 2008

**2019 est  
Medicare  
Utilization:**

**2007 Work RVU:** 0.00

**2020 Work RVU:**

**2007 NF PE RVU:** NA

**2020 NF PE RVU:**

**2007 Fac PE RVU** 0

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2009

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

## Status Report: CMS Requests and Relativity Assessment Issues

**93528 Deleted from CPT**

**Global:**

**Issue:** Cardiac Catheterization

**Screen:** Codes Reported  
Together 95% or More

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2010

**Tab** 26

**Specialty Developing  
Recommendation:** ACC

**First  
Identified:** February 2008

**2019 est  
Medicare  
Utilization:**

**2007 Work RVU:** 0.00

**2020 Work RVU:**

**2007 NF PE RVU:** NA

**2020 NF PE RVU:**

**2007 Fac PE RVU** 0

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2009

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

**93529 Deleted from CPT**

**Global:**

**Issue:** Cardiac Catheterization

**Screen:** Codes Reported  
Together 95% or More

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2010

**Tab** 26

**Specialty Developing  
Recommendation:** ACC

**First  
Identified:** February 2008

**2019 est  
Medicare  
Utilization:**

**2007 Work RVU:** 0.00

**2020 Work RVU:**

**2007 NF PE RVU:** NA

**2020 NF PE RVU:**

**2007 Fac PE RVU** 0

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2009

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

**93539 Deleted from CPT**

**Global:**

**Issue:** Cardiac Catheterization

**Screen:** Codes Reported  
Together 95% or More

**Complete?** Yes

**Most Recent  
RUC Meeting:** February 2008

**Tab** S

**Specialty Developing  
Recommendation:** ACC

**First  
Identified:** February 2008

**2019 est  
Medicare  
Utilization:**

**2007 Work RVU:** 0.00

**2020 Work RVU:**

**2007 NF PE RVU:** NA

**2020 NF PE RVU:**

**2007 Fac PE RVU** 0

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2009

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

**93540 Deleted from CPT**

**Global:**

**Issue:** Cardiac Catheterization

**Screen:** Codes Reported  
Together 95% or More

**Complete?** Yes

**Most Recent  
RUC Meeting:** February 2008

**Tab** S

**Specialty Developing  
Recommendation:** ACC

**First  
Identified:** February 2008

**2019 est  
Medicare  
Utilization:**

**2007 Work RVU:** 0.00

**2020 Work RVU:**

**2007 NF PE RVU:** NA

**2020 NF PE RVU:**

**2007 Fac PE RVU** 0

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2009

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

## Status Report: CMS Requests and Relativity Assessment Issues

**93541 Deleted from CPT**

**Global:**

**Issue:** Cardiac Catheterization

**Screen:** Codes Reported  
Together 95% or More

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2010

**Tab** 26

**Specialty Developing  
Recommendation:** ACC

**First  
Identified:** February 2008

**2019 est  
Medicare  
Utilization:**

**2007 Work RVU:** 0.00

**2020 Work RVU:**

**2007 NF PE RVU:** NA

**2020 NF PE RVU:**

**2007 Fac PE RVU** 0

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2009

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

**93542 Deleted from CPT**

**Global:**

**Issue:** Cardiac Catheterization

**Screen:** Codes Reported  
Together 95% or More

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2010

**Tab** 26

**Specialty Developing  
Recommendation:** ACC

**First  
Identified:** February 2008

**2019 est  
Medicare  
Utilization:**

**2007 Work RVU:** 0.00

**2020 Work RVU:**

**2007 NF PE RVU:** NA

**2020 NF PE RVU:**

**2007 Fac PE RVU** 0

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2009

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

**93543 Deleted from CPT**

**Global:**

**Issue:** Cardiac Catheterization

**Screen:** Codes Reported  
Together 95% or More /  
CMS Request - Practice  
Expense Review,  
Harvard Valued -  
Utilization over 100,000

**Complete?** Yes

**Most Recent  
RUC Meeting:** February 2009

**Tab** 31

**Specialty Developing  
Recommendation:** ACC

**First  
Identified:** February 2008

**2019 est  
Medicare  
Utilization:**

**2007 Work RVU:** 0.00

**2020 Work RVU:**

**2007 NF PE RVU:** NA

**2020 NF PE RVU:**

**2007 Fac PE RVU** 0

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2009

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



## Status Report: CMS Requests and Relativity Assessment Issues

**93544 Deleted from CPT**

**Global:**

**Issue:** Cardiac Catheterization

**Screen:** Codes Reported  
Together 95% or More

**Complete?** Yes

**Most Recent  
RUC Meeting:** February 2008

**Tab** S

**Specialty Developing  
Recommendation:** ACC

**First  
Identified:** February 2008

**2019 est  
Medicare  
Utilization:**

**2007 Work RVU:** 0.00

**2020 Work RVU:**

**2007 NF PE RVU:** NA

**2020 NF PE RVU:**

**2007 Fac PE RVU** 0

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2009

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

**93545 Deleted from CPT**

**Global:**

**Issue:** Cardiac Catheterization

**Screen:** Codes Reported  
Together 95% or More /  
CMS Request - Practice  
Expense Review

**Complete?** Yes

**Most Recent  
RUC Meeting:** February 2009

**Tab** 31

**Specialty Developing  
Recommendation:** ACC

**First  
Identified:** February 2008

**2019 est  
Medicare  
Utilization:**

**2007 Work RVU:** 0.00

**2020 Work RVU:**

**2007 NF PE RVU:** NA

**2020 NF PE RVU:**

**2007 Fac PE RVU** 0

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2009

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

**93555 Deleted from CPT**

**Global:**

**Issue:** Cardiac Catheterization

**Screen:** Codes Reported  
Together 95% or More /  
CMS Request - Practice  
Expense Review

**Complete?** Yes

**Most Recent  
RUC Meeting:** February 2009

**Tab** 31

**Specialty Developing  
Recommendation:** ACC

**First  
Identified:** February 2008

**2019 est  
Medicare  
Utilization:**

**2007 Work RVU:** 0.00

**2020 Work RVU:**

**2007 NF PE RVU:** 0

**2020 NF PE RVU:**

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2009

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

# Status Report: CMS Requests and Relativity Assessment Issues

<b>93556</b> Deleted from CPT	<b>Global:</b>	<b>Issue:</b> Cardiac Catheterization	<b>Screen:</b> Codes Reported Together 95% or More / CMS Request - Practice Expense Review	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2009	<b>Tab</b> 31	<b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> February 2008	<b>2019 est Medicare Utilization:</b>
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> October 2009	
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>
			<b>2007 Work RVU:</b> 0.00	<b>2020 Work RVU:</b>
			<b>2007 NF PE RVU:</b> 0	<b>2020 NF PE RVU:</b>
			<b>2007 Fac PE RVU</b> NA	<b>2020 Fac PE RVU:</b>
			<b>Result:</b> Deleted from CPT	

<b>93561</b> Indicator dilution studies such as dye or thermodilution, including arterial and/or venous catheterization; with cardiac output measurement (separate procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Cardiac Output Measurement	<b>Screen:</b> Negative IWPUT	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2018	<b>Tab</b> 27	<b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> October 2017	<b>2019 est Medicare Utilization:</b> 6
<b>RUC Recommendation:</b> 0.77			<b>Referred to CPT</b>	
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>
			<b>2007 Work RVU:</b> 0.00	<b>2020 Work RVU:</b> 0.00
			<b>2007 NF PE RVU:</b> NA	<b>2020 NF PE RVU:</b> NA
			<b>2007 Fac PE RVU</b> NA	<b>2020 Fac PE RVU:</b> NA
			<b>Result:</b> Increase	

<b>93562</b> Indicator dilution studies such as dye or thermodilution, including arterial and/or venous catheterization; subsequent measurement of cardiac output	<b>Global:</b> ZZZ	<b>Issue:</b> Cardiac Output Measurement	<b>Screen:</b> Negative IWPUT	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2018	<b>Tab</b> 27	<b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> October 2017	<b>2019 est Medicare Utilization:</b> 14
<b>RUC Recommendation:</b> 0.95			<b>Referred to CPT</b>	
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>
			<b>2007 Work RVU:</b> 0.00	<b>2020 Work RVU:</b> 0.00
			<b>2007 NF PE RVU:</b> NA	<b>2020 NF PE RVU:</b> NA
			<b>2007 Fac PE RVU</b> NA	<b>2020 Fac PE RVU:</b> NA
			<b>Result:</b> Increase	

# Status Report: CMS Requests and Relativity Assessment Issues

**93563** Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective coronary angiography during congenital heart catheterization (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

**Most Recent RUC Meeting:** April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2019 est Medicare Utilization:** 167 **2007 Work RVU:** **2020 Work RVU:** 1.11 **2007 NF PE RVU:** **2020 NF PE RVU:** 0.38 **2007 Fac PE RVU** **2020 Fac PE RVU:** 0.38 **RUC Recommendation:** 2.00 **Referred to CPT** October 2009 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

**93564** Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective opacification of aortocoronary venous or arterial bypass graft(s) (eg, aortocoronary saphenous vein, free radial artery, or free mammary artery graft) to one or more coronary arteries and in situ arterial conduits (eg, internal mammary), whether native or used for bypass to one or more coronary arteries during congenital heart catheterization, when performed (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

**Most Recent RUC Meeting:** April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2019 est Medicare Utilization:** 6 **2007 Work RVU:** **2020 Work RVU:** 1.13 **2007 NF PE RVU:** **2020 NF PE RVU:** 0.39 **2007 Fac PE RVU** **2020 Fac PE RVU:** 0.39 **RUC Recommendation:** 2.10 **Referred to CPT** October 2009 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

**93565** Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective left ventricular or left atrial angiography (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

**Most Recent RUC Meeting:** April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2019 est Medicare Utilization:** 80 **2007 Work RVU:** **2020 Work RVU:** 0.86 **2007 NF PE RVU:** **2020 NF PE RVU:** 0.30 **2007 Fac PE RVU** **2020 Fac PE RVU:** 0.30 **RUC Recommendation:** 1.90 **Referred to CPT** October 2009 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

# Status Report: CMS Requests and Relativity Assessment Issues

**93566** Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective right ventricular or right atrial angiography (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

**Most Recent RUC Meeting:** April 2011

**Tab 28 Specialty Developing Recommendation:** ACC

**First Identified:**

**2019 est Medicare Utilization:** 388

**2007 Work RVU:**  
**2007 NF PE RVU:**  
**2007 Fac PE RVU Result:** Decrease

**2020 Work RVU:** 0.86  
**2020 NF PE RVU:** 3.14  
**2020 Fac PE RVU:** 0.30

**RUC Recommendation:** 0.96

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

**93567** Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for supraaortic aortography (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

**Most Recent RUC Meeting:** April 2011

**Tab 28 Specialty Developing Recommendation:** ACC

**First Identified:**

**2019 est Medicare Utilization:** 28,640

**2007 Work RVU:**  
**2007 NF PE RVU:**  
**2007 Fac PE RVU Result:** Decrease

**2020 Work RVU:** 0.97  
**2020 NF PE RVU:** 2.36  
**2020 Fac PE RVU:** 0.34

**RUC Recommendation:** 0.97

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

**93568** Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for pulmonary angiography (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

**Most Recent RUC Meeting:** April 2011

**Tab 28 Specialty Developing Recommendation:** ACC

**First Identified:**

**2019 est Medicare Utilization:** 1,334

**2007 Work RVU:**  
**2007 NF PE RVU:**  
**2007 Fac PE RVU Result:** Decrease

**2020 Work RVU:** 0.88  
**2020 NF PE RVU:** 2.78  
**2020 Fac PE RVU:** 0.31

**RUC Recommendation:** 0.98

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

# Status Report: CMS Requests and Relativity Assessment Issues

<b>93571</b>	Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress; initial vessel (List separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Coronary Flow Reserve Measurement	<b>Screen:</b> High Volume Growth4	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2017	<b>Tab</b> 13 <b>Specialty Developing Recommendation:</b> ACC, SCAI	<b>First Identified:</b> October 2016	<b>2019 est Medicare Utilization:</b> 69,945	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Decrease	<b>2020 Work RVU:</b> 0.00 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 1.50		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>93572</b>	Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress; each additional vessel (List separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Coronary Flow Reserve Measurement	<b>Screen:</b> High Volume Growth4	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2017	<b>Tab</b> 13 <b>Specialty Developing Recommendation:</b> ACC, SCAI	<b>First Identified:</b> October 2017	<b>2019 est Medicare Utilization:</b> 12,600	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> 0 <b>2007 Fac PE RVU:</b> 0 <b>Result:</b> Decrease	<b>2020 Work RVU:</b> 0.00 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 1.00		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>93613</b>	Intracardiac electrophysiologic 3-dimensional mapping (List separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Intracardiac 3D Mapping add-on	<b>Screen:</b> CMS Fastest Growing / High Volume Growth2 / CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab</b> 24 <b>Specialty Developing Recommendation:</b> ACC, HRS	<b>First Identified:</b> October 2008	<b>2019 est Medicare Utilization:</b> 80,773	<b>2007 Work RVU:</b> 6.99 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 3.03 <b>Result:</b> Decrease	<b>2020 Work RVU:</b> 5.23 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 2.24
<b>RUC Recommendation:</b> 5.23		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

## Status Report: CMS Requests and Relativity Assessment Issues

<b>93620</b>	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording	<b>Global:</b> 000	<b>Issue:</b> Intracardiac Catheter Ablation	<b>Screen:</b> Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2010	<b>Tab</b> 45 <b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> February 2010	<b>2019 est Medicare Utilization:</b> 8,849	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> 0 <b>2007 Fac PE RVU:</b> 0 <b>Result:</b> Maintain	<b>2020 Work RVU:</b> 0.00 <b>2020 NF PE RVU:</b> 0.00 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 11.57		<b>Referred to CPT</b> October 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>93621</b>	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with left atrial pacing and recording from coronary sinus or left atrium (List separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Electrophysiologic Evaluation	<b>Screen:</b> High Volume Growth6	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2020	<b>Tab</b> 09 <b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> October 2019	<b>2019 est Medicare Utilization:</b> 29,892	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> 0 <b>2007 Fac PE RVU:</b> 0 <b>Result:</b> Decrease	<b>2020 Work RVU:</b> 2.10 <b>2020 NF PE RVU:</b> 0.00 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 1.44		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>93623</b>	Programmed stimulation and pacing after intravenous drug infusion (List separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Pacing Heart Stimulation	<b>Screen:</b> CMS-Other - Utilization over 30,000-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2019	<b>Tab</b> 22 <b>Specialty Developing Recommendation:</b> ACC, HRS	<b>First Identified:</b> October 2018	<b>2019 est Medicare Utilization:</b> 38,626	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> 0 <b>2007 Fac PE RVU:</b> 0 <b>Result:</b> Decrease	<b>2020 Work RVU:</b> 0.00 <b>2020 NF PE RVU:</b> 0.00 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> Referral to CPT for parenthetical. 2.04		<b>Referred to CPT</b> May 2019 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

## Status Report: CMS Requests and Relativity Assessment Issues

<b>93641</b>	<b>Electrophysiologic evaluation of single or dual chamber pacing cardioverter-defibrillator leads including defibrillation threshold evaluation (induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination) at time of initial implantation or replacement; with testing of single or dual chamber pacing cardioverter-defibrillator pulse generator</b>	<b>Global:</b> 000	<b>Issue:</b> Insertion/Removal of Pacemaker or Pacing Cardioverter-Defibrillator	<b>Screen:</b> Codes Reported Together 75% or More-Part1 / Pre-Time Analysis	<b>Complete?</b> Yes
<b>Most Recent</b> <b>RUC Meeting:</b> September 2014	<b>Tab</b> 21 <b>Specialty Developing</b> ACC <b>Recommendation:</b>	<b>First Identified:</b> February 2010	<b>2019 est Medicare Utilization:</b> 14,210	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Maintain	<b>2020 Work RVU:</b> 0.00 <b>2020 NF PE RVU:</b> 0.00 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> Maintain work RVU and adjust the times from pre-time package 2B.		<b>Referred to CPT</b> February 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			
<b>93651</b>	<b>Intracardiac catheter ablation of arrhythmogenic focus; for treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathways, accessory atrioventricular connections or other atrial foci, singly or in combination</b>	<b>Global:</b>	<b>Issue:</b> Bundling EPS with Transcatheter Ablation	<b>Screen:</b> Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
<b>Most Recent</b> <b>RUC Meeting:</b> January 2012	<b>Tab</b> 11 <b>Specialty Developing</b> ACC, HRS <b>Recommendation:</b>	<b>First Identified:</b> February 2010	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> 16.23 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 6.96 <b>Result:</b> Deleted from CPT	<b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> October 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			
<b>93652</b>	<b>Intracardiac catheter ablation of arrhythmogenic focus; for treatment of ventricular tachycardia</b>	<b>Global:</b>	<b>Issue:</b> Bundling EPS with Transcatheter Ablation	<b>Screen:</b> CMS Fastest Growing/Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
<b>Most Recent</b> <b>RUC Meeting:</b> January 2012	<b>Tab</b> 11 <b>Specialty Developing</b> ACC, HRS <b>Recommendation:</b>	<b>First Identified:</b> October 2008	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> 17.65 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 7.58 <b>Result:</b> Deleted from CPT	<b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> October 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			

## Status Report: CMS Requests and Relativity Assessment Issues

<b>93653</b>	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia with right atrial pacing and recording, right ventricular pacing and recording (when necessary), and His bundle recording (when necessary) with intracardiac catheter ablation of arrhythmogenic focus; with treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathway, accessory atrioventricular connection, cavo-tricuspid isthmus or other single atrial focus or source of atrial re-entry	<b>Global:</b> 000	<b>Issue:</b> Bundling EPS with Transcatheter Ablation	<b>Screen:</b> Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2012	<b>Tab 11</b> <b>Specialty Developing Recommendation:</b> ACC, HRS	<b>First Identified:</b> October 2011	<b>2019 est Medicare Utilization:</b> 31,821	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease	<b>2020 Work RVU:</b> 14.75 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 6.28
<b>RUC Recommendation:</b> 15.00		<b>Referred to CPT</b> October 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

<b>93654</b>	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia with right atrial pacing and recording, right ventricular pacing and recording (when necessary), and His bundle recording (when necessary) with intracardiac catheter ablation of arrhythmogenic focus; with treatment of ventricular tachycardia or focus of ventricular ectopy including intracardiac electrophysiologic 3D mapping, when performed, and left ventricular pacing and recording, when performed	<b>Global:</b> 000	<b>Issue:</b> Bundling EPS with Transcatheter Ablation	<b>Screen:</b> Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2012	<b>Tab 11</b> <b>Specialty Developing Recommendation:</b> ACC, HRS	<b>First Identified:</b> October 2011	<b>2019 est Medicare Utilization:</b> 7,750	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease	<b>2020 Work RVU:</b> 19.75 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 8.40
<b>RUC Recommendation:</b> 20.00		<b>Referred to CPT</b> October 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		



# Status Report: CMS Requests and Relativity Assessment Issues

<b>93655</b>	Intracardiac catheter ablation of a discrete mechanism of arrhythmia which is distinct from the primary ablated mechanism, including repeat diagnostic maneuvers, to treat a spontaneous or induced arrhythmia (List separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Bundling EPS with Transcatheter Ablation	<b>Screen:</b> Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2012	<b>Tab 11</b>	<b>Specialty Developing Recommendation:</b> ACC, HRS	<b>First Identified:</b> October 2011	<b>2019 est Medicare Utilization:</b> 31,147	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease
<b>RUC Recommendation:</b> 9.00			<b>Referred to CPT</b> October 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> 7.50 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 3.21
<b>93656</b>	Comprehensive electrophysiologic evaluation including transseptal catheterizations, insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia including left or right atrial pacing/recording when necessary, right ventricular pacing/recording when necessary, and His bundle recording when necessary with intracardiac catheter ablation of atrial fibrillation by pulmonary vein isolation	<b>Global:</b> 000	<b>Issue:</b> Bundling EPS with Transcatheter Ablation	<b>Screen:</b> Codes Reported Together 75% or More-Part1 / High Volume Growth6	<b>Complete?</b> No
<b>Most Recent RUC Meeting:</b> January 2020	<b>Tab 37</b>	<b>Specialty Developing Recommendation:</b> ACC, HRS	<b>First Identified:</b> October 2011	<b>2019 est Medicare Utilization:</b> 53,327	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease
<b>RUC Recommendation:</b> Refer to CPT			<b>Referred to CPT</b> October 2020 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> 19.77 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 8.47
<b>93657</b>	Additional linear or focal intracardiac catheter ablation of the left or right atrium for treatment of atrial fibrillation remaining after completion of pulmonary vein isolation (List separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Bundling EPS with Transcatheter Ablation	<b>Screen:</b> Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2012	<b>Tab 11</b>	<b>Specialty Developing Recommendation:</b> ACC, HRS	<b>First Identified:</b> October 2011	<b>2019 est Medicare Utilization:</b> 21,959	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease
<b>RUC Recommendation:</b> 10.00			<b>Referred to CPT</b> October 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> 7.50 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 3.20

# Status Report: CMS Requests and Relativity Assessment Issues

**93662** Intracardiac echocardiography during therapeutic/diagnostic intervention, including imaging supervision and interpretation (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Intracardiac Echocardiography **Screen:** High Volume Growth1 / High Volume Growth5 **Complete?** Yes

**Most Recent RUC Meeting:** April 2019 **Tab** 23 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** February 2008 **2019 est Medicare Utilization:** 63,470 **2007 Work RVU:** 0.00 **2020 Work RVU:** 0.00 **2007 NF PE RVU:** 0 **2020 NF PE RVU:** 0.00 **2007 Fac PE RVU:** 0 **2020 Fac PE RVU:** NA **Result:** Decrease

**RUC Recommendation:** 2.53 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**93668** Peripheral arterial disease (PAD) rehabilitation, per session **Global:** XXX **Issue:** Peripheral Artery Disease (PAD) Rehabilitation (PE Only) **Screen:** CMS Request - Final Rule for 2018 **Complete?** Yes

**Most Recent RUC Meeting:** January 2018 **Tab** 28 **Specialty Developing Recommendation:** **First Identified:** July 2017 **2019 est Medicare Utilization:** 814 **2007 Work RVU:** 0.00 **2020 Work RVU:** 0.00 **2007 NF PE RVU:** 0.4 **2020 NF PE RVU:** 0.42 **2007 Fac PE RVU:** NA **2020 Fac PE RVU:** NA **Result:** PE Only

**RUC Recommendation:** New PE Inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**93701** Bioimpedance-derived physiologic cardiovascular analysis **Global:** XXX **Issue:** **Screen:** Low Value-High Volume **Complete?** Yes

**Most Recent RUC Meeting:** February 2011 **Tab** 41 **Specialty Developing Recommendation:** **First Identified:** October 2010 **2019 est Medicare Utilization:** 14,268 **2007 Work RVU:** 0.17 **2020 Work RVU:** 0.00 **2007 NF PE RVU:** 0.91 **2020 NF PE RVU:** 0.73 **2007 Fac PE RVU:** NA **2020 Fac PE RVU:** NA **Result:** Remove from Screen

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

**93731** Deleted from CPT **Global:** **Issue:** Cardiology Services **Screen:** CMS Fastest Growing **Complete?** Yes

**Most Recent RUC Meeting:** October 2008 **Tab** 26 **Specialty Developing Recommendation:** ACC **First Identified:** October 2008 **2019 est Medicare Utilization:** **2007 Work RVU:** 0.45 **2020 Work RVU:** **2007 NF PE RVU:** 0.7 **2020 NF PE RVU:** **2007 Fac PE RVU:** NA **2020 Fac PE RVU:** **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

**93732 Deleted from CPT**

**Global:**

**Issue:** Cardiology Services

**Screen:** CMS Fastest Growing

**Complete?** Yes

**Most Recent  
RUC Meeting:** October 2008

**Tab** 26

**Specialty Developing  
Recommendation:** ACC

**First  
Identified:** October 2008

**2019 est  
Medicare  
Utilization:**

**2007 Work RVU:** 0.92

**2020 Work RVU:**

**2007 NF PE RVU:** 0.94

**2020 NF PE RVU:**

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**93733 Deleted from CPT**

**Global:**

**Issue:** Cardiology Services

**Screen:** CMS Fastest Growing

**Complete?** Yes

**Most Recent  
RUC Meeting:** October 2008

**Tab** 26

**Specialty Developing  
Recommendation:** ACC

**First  
Identified:** October 2008

**2019 est  
Medicare  
Utilization:**

**2007 Work RVU:** 0.17

**2020 Work RVU:**

**2007 NF PE RVU:** 0.83

**2020 NF PE RVU:**

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**93743 Deleted from CPT**

**Global:**

**Issue:** Cardiology Services

**Screen:** CMS Fastest Growing

**Complete?** Yes

**Most Recent  
RUC Meeting:** October 2008

**Tab** 26

**Specialty Developing  
Recommendation:** ACC

**First  
Identified:** October 2008

**2019 est  
Medicare  
Utilization:**

**2007 Work RVU:** 1.03

**2020 Work RVU:**

**2007 NF PE RVU:** 1.15

**2020 NF PE RVU:**

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**93744 Deleted from CPT**

**Global:**

**Issue:** Cardiology Services

**Screen:** CMS Fastest Growing

**Complete?** Yes

**Most Recent  
RUC Meeting:** October 2008

**Tab** 26

**Specialty Developing  
Recommendation:** ACC

**First  
Identified:** October 2008

**2019 est  
Medicare  
Utilization:**

**2007 Work RVU:** 1.18

**2020 Work RVU:**

**2007 NF PE RVU:** 1.19

**2020 NF PE RVU:**

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

**93750** Interrogation of ventricular assist device (VAD), in person, with physician or other qualified health care professional analysis of device parameters (eg, drivelines, alarms, power surges), review of device function (eg, flow and volume status, septum status, recovery), with programming, if performed, and report

**Global:** XXX **Issue:** Ventricular Assist Device (VAD) Interrogation **Screen:** High Volume Growth5 **Complete?** Yes

**Most Recent RUC Meeting:** April 2019 **Tab** 24 **Specialty Developing Recommendation:** AATS, ACC, STS **First Identified:** October 2018 **2019 est Medicare Utilization:** 97,423

**2007 Work RVU:** **2020 Work RVU:** 0.92  
**2007 NF PE RVU:** **2020 NF PE RVU:** 0.61  
**2007 Fac PE RVU Result:** Decrease **2020 Fac PE RVU:** 0.35

**RUC Recommendation:** 0.85 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**93792** Patient/caregiver training for initiation of home international normalized ratio (INR) monitoring under the direction of a physician or other qualified health care professional, face-to-face, including use and care of the INR monitor, obtaining blood sample, instructions for reporting home INR test results, and documentation of patient's/caregiver's ability to perform testing and report results

**Global:** XXX **Issue:** Home INR Monitoring **Screen:** High Volume Growth3 / Work Neutrality 2018 **Complete?** Yes

**Most Recent RUC Meeting:** January 2020 **Tab** 37 **Specialty Developing Recommendation:** **First Identified:** September 2016 **2019 est Medicare Utilization:** 1,742

**2007 Work RVU:** **2020 Work RVU:** 0.00  
**2007 NF PE RVU:** **2020 NF PE RVU:** 1.81  
**2007 Fac PE RVU Result:** PE Only **2020 Fac PE RVU:** NA

**RUC Recommendation:** Reviewe in 2 years. 0.00 PE Only **Referred to CPT** September 2016 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**93793** Anticoagulant management for a patient taking warfarin, must include review and interpretation of a new home, office, or lab international normalized ratio (INR) test result, patient instructions, dosage adjustment (as needed), and scheduling of additional test(s), when performed

**Global:** XXX **Issue:** Home INR Monitoring **Screen:** High Volume Growth3 / Work Neutrality 2018 **Complete?** Yes

**Most Recent RUC Meeting:** January 2020 **Tab** 37 **Specialty Developing Recommendation:** **First Identified:** September 2016 **2019 est Medicare Utilization:** 1,555,390

**2007 Work RVU:** **2020 Work RVU:** 0.18  
**2007 NF PE RVU:** **2020 NF PE RVU:** 0.14  
**2007 Fac PE RVU Result:** Maintain **2020 Fac PE RVU:** NA

**RUC Recommendation:** Review in 2 years. 0.18 **Referred to CPT** September 2016 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**93875 Deleted from CPT**

**Global:**

**Issue:** Noninvasive Vascular Diagnostic Studies

**Screen:** Codes Reported Together 75% or More-Part1

**Complete?** Yes

**Most Recent RUC Meeting:** April 2010

**Tab** 45

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

**First Identified:** February 2010

**2019 est Medicare Utilization:**

**2007 Work RVU:** 0.22

**2020 Work RVU:**

**2007 NF PE RVU:** 2.38

**2020 NF PE RVU:**

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2010

**Referred to CPT Asst** ☒

**Published in CPT Asst:** SS in process of developing draft of CPT Asst article (Aug 2011). Code was deleted

**93880 Duplex scan of extracranial arteries; complete bilateral study**

**Global:** XXX

**Issue:** Duplex Scans

**Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2014

**Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab** 33

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

**First Identified:** February 2010

**2019 est Medicare Utilization:** 2,198,611

**2007 Work RVU:** 0.60

**2020 Work RVU:** 0.80

**2007 NF PE RVU:** 5.67

**2020 NF PE RVU:** 4.76

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:** NA

**RUC Recommendation:** 0.80

**Referred to CPT** October 2010

**Referred to CPT Asst** ☒

**Published in CPT Asst:** Addressed in CPT Coding Changes

**93882 Duplex scan of extracranial arteries; unilateral or limited study**

**Global:** XXX

**Issue:** Duplex Scans

**Screen:** CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2014

**Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab** 33

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

**First Identified:** January 2012

**2019 est Medicare Utilization:** 33,564

**2007 Work RVU:** 0.40

**2020 Work RVU:** 0.50

**2007 NF PE RVU:** 3.63

**2020 NF PE RVU:** 3.04

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:** NA

**RUC Recommendation:** 0.50

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**Result:** Increase

# Status Report: CMS Requests and Relativity Assessment Issues

<b>93886</b>	Transcranial Doppler study of the intracranial arteries; complete study			<b>Global:</b> XXX	<b>Issue:</b> Duplex Scans	<b>Screen:</b> Codes Reported Together 75% or More- Part1 / CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 33	<b>Specialty Developing Recommendation:</b>	AAN, ACC, ACR, SVS	<b>First Identified:</b> February 2010	<b>2019 est Medicare Utilization:</b> 104,495	<b>2007 Work RVU:</b> 0.94 <b>2007 NF PE RVU:</b> 6.77 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Increase	<b>2020 Work RVU:</b> 0.91 <b>2020 NF PE RVU:</b> 6.71 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 1.00				<b>Referred to CPT</b> October 2010 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>							
<b>93888</b>	Transcranial Doppler study of the intracranial arteries; limited study			<b>Global:</b> XXX	<b>Issue:</b> Duplex Scans	<b>Screen:</b> Codes Reported Together 75% or More- Part1 / CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 33	<b>Specialty Developing Recommendation:</b>	AAN, ACC, ACR, SVS	<b>First Identified:</b> February 2010	<b>2019 est Medicare Utilization:</b> 10,532	<b>2007 Work RVU:</b> 0.62 <b>2007 NF PE RVU:</b> 4.36 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Increase	<b>2020 Work RVU:</b> 0.50 <b>2020 NF PE RVU:</b> 4.02 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.70				<b>Referred to CPT</b> October 2010 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>							
<b>93890</b>	Transcranial Doppler study of the intracranial arteries; vasoreactivity study			<b>Global:</b> XXX	<b>Issue:</b>	<b>Screen:</b> High Volume Growth6	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2020	<b>Tab</b> 37	<b>Specialty Developing Recommendation:</b>		<b>First Identified:</b> October 2019	<b>2019 est Medicare Utilization:</b> 52,137	<b>2007 Work RVU:</b> 1.00 <b>2007 NF PE RVU:</b> 5.2 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Remove from Screen	<b>2020 Work RVU:</b> 1.00 <b>2020 NF PE RVU:</b> 6.75 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> Remove from Screen				<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

## Status Report: CMS Requests and Relativity Assessment Issues

<b>93892</b>	Transcranial Doppler study of the intracranial arteries; emboli detection without intravenous microbubble injection	<b>Global:</b> XXX	<b>Issue:</b>	<b>Screen:</b> High Volume Growth6	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2020	<b>Tab</b> 37 <b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> October 2019	<b>2019 est Medicare Utilization:</b> 55,222	<b>2007 Work RVU:</b> 1.15 <b>2007 NF PE RVU:</b> 5.52 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Remove from Screen	<b>2020 Work RVU:</b> 1.15 <b>2020 NF PE RVU:</b> 7.55 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> Remove from Screen		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>					
<b>93895</b>	Quantitative carotid intima media thickness and carotid atheroma evaluation, bilateral	<b>Global:</b> XXX	<b>Issue:</b> Carotid Intima-Media Thickness Ultrasound	<b>Screen:</b> New Code in CPT 2015	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2015	<b>Tab</b> 37 <b>Specialty Developing Recommendation:</b> No Interest	<b>First Identified:</b> April 2014	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> Not Part of RAW	<b>2020 Work RVU:</b> 0.00 <b>2020 NF PE RVU:</b> 0.00 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> Rescind April 2014 recommendation, contractor price.		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>					
<b>93922</b>	Limited bilateral noninvasive physiologic studies of upper or lower extremity arteries, (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus bidirectional, Doppler waveform recording and analysis at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus volume plethysmography at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries with, transcutaneous oxygen tension measurement at 1-2 levels)	<b>Global:</b> XXX	<b>Issue:</b> Extremity Non-Invasive Arterial Physiologic Studies	<b>Screen:</b> CMS Fastest Growing	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2010	<b>Tab</b> 27 <b>Specialty Developing Recommendation:</b> SVS, ACR, ACC	<b>First Identified:</b> October 2008	<b>2019 est Medicare Utilization:</b> 694,382	<b>2007 Work RVU:</b> 0.25 <b>2007 NF PE RVU:</b> 2.78 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Maintain	<b>2020 Work RVU:</b> 0.25 <b>2020 NF PE RVU:</b> 2.11 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.25		<b>Referred to CPT</b> February 2010 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

## Status Report: CMS Requests and Relativity Assessment Issues

**93923** Complete bilateral noninvasive physiologic studies of upper or lower extremity arteries, 3 or more levels (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental blood pressure measurements with bidirectional Doppler waveform recording and analysis, at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental volume plethysmography at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental transcutaneous oxygen tension measurements at 3 or more levels), or single level study with provocative functional maneuvers (eg, measurements with postural provocative tests, or measurements with reactive hyperemia)

**Global:** XXX **Issue:** Extremity Non-Invasive Arterial Physiologic Studies **Screen:** CMS Fastest Growing **Complete?** Yes

**Most Recent RUC Meeting:** April 2010

**Tab 27 Specialty Developing Recommendation:** SVS, ACR, ACC

**First Identified:** February 2009

**2019 est Medicare Utilization:** 440,595

**2007 Work RVU:** 0.45

**2020 Work RVU:** 0.45

**2007 NF PE RVU:** 4.18

**2020 NF PE RVU:** 3.22

**2007 Fac PE RVU:** NA

**2020 Fac PE RVU:** NA

**Result:** Maintain

**RUC Recommendation:** 0.45

**Referred to CPT** February 2010

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

**93924** Noninvasive physiologic studies of lower extremity arteries, at rest and following treadmill stress testing, (ie, bidirectional Doppler waveform or volume plethysmography recording and analysis at rest with ankle/brachial indices immediately after and at timed intervals following performance of a standardized protocol on a motorized treadmill plus recording of time of onset of claudication or other symptoms, maximal walking time, and time to recovery) complete bilateral study

**Global:** XXX

**Issue:** Extremity Non-Invasive Arterial Physiologic Studies

**Screen:** CMS Fastest Growing

**Complete?** Yes

**Most Recent RUC Meeting:** April 2010

**Tab 27 Specialty Developing Recommendation:** SVS, ACR, ACC

**First Identified:** February 2009

**2019 est Medicare Utilization:** 61,266

**2007 Work RVU:** 0.50

**2020 Work RVU:** 0.50

**2007 NF PE RVU:** 5.05

**2020 NF PE RVU:** 4.05

**2007 Fac PE RVU:** NA

**2020 Fac PE RVU:** NA

**Result:** Maintain

**RUC Recommendation:** 0.50

**Referred to CPT** February 2010

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



# Status Report: CMS Requests and Relativity Assessment Issues

**93925** Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study **Global:** XXX **Issue:** Duplex Scans **Screen:** CMS-Other - Utilization over 500,000 / CMS Request - Final Rule for 2014 **Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab 33 Specialty Developing Recommendation:** ACC, ACR, SVS

**First Identified:** April 2011

**2019 est Medicare Utilization:** 661,535

**2007 Work RVU:** 0.58

**2020 Work RVU:** 0.80

**2007 NF PE RVU:** 7.05

**2020 NF PE RVU:** 6.28

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**NA

**Result:** Maintain

**RUC Recommendation:** 0.80

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**93926** Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study **Global:** XXX **Issue:** Duplex Scans **Screen:** CMS-Other - Utilization over 500,000 / CMS Request - Final Rule for 2014 **Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab 33 Specialty Developing Recommendation:** ACC, ACR, SVS

**First Identified:** April 2011

**2019 est Medicare Utilization:** 262,918

**2007 Work RVU:** 0.39

**2020 Work RVU:** 0.50

**2007 NF PE RVU:** 4.31

**2020 NF PE RVU:** 3.67

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**NA

**Result:** Increase

**RUC Recommendation:** 0.60

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**93930** Duplex scan of upper extremity arteries or arterial bypass grafts; complete bilateral study **Global:** XXX **Issue:** Duplex Scans **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab 33 Specialty Developing Recommendation:** AAN, ACC, ACR, SIR, SVS

**First Identified:** November 2013

**2019 est Medicare Utilization:** 23,417

**2007 Work RVU:** 0.46

**2020 Work RVU:** 0.80

**2007 NF PE RVU:** 5.54

**2020 NF PE RVU:** 4.92

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**NA

**Result:** Increase

**RUC Recommendation:** 0.80

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

<b>93931</b>	Duplex scan of upper extremity arteries or arterial bypass grafts; unilateral or limited study	<b>Global:</b> XXX	<b>Issue:</b> Duplex Scans	<b>Screen:</b> Codes Reported Together 75% or More- Part1 / CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 33	<b>Specialty Developing Recommendation:</b> AAN, ACC, ACR, SIR, SVS	<b>First Identified:</b> February 2010	<b>2019 est Medicare Utilization:</b> 47,500	<b>2007 Work RVU:</b> 0.31 <b>2007 NF PE RVU:</b> 3.64 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Increase
<b>RUC Recommendation:</b> 0.50			<b>Referred to CPT</b> October 2010	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>
<b>93965</b>	Noninvasive physiologic studies of extremity veins, complete bilateral study (eg, Doppler waveform analysis with responses to compression and other maneuvers, phleborheography, impedance plethysmography)	<b>Global:</b>	<b>Issue:</b> Non-invasive Physiologic Studies of Extremity Veins	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 47	<b>Specialty Developing Recommendation:</b> ACC, ACR, SCAI, SVS	<b>First Identified:</b> July 2015	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> 0.35 <b>2007 NF PE RVU:</b> 2.83 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Deleted from CPT
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> May 2016	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>
<b>93970</b>	Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study	<b>Global:</b> XXX	<b>Issue:</b> Duplex Scans	<b>Screen:</b> CMS-Other - Utilization over 500,000 / CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 33	<b>Specialty Developing Recommendation:</b> ACC, ACR, SVS	<b>First Identified:</b> April 2011	<b>2019 est Medicare Utilization:</b> 1,626,806	<b>2007 Work RVU:</b> 0.68 <b>2007 NF PE RVU:</b> 5.44 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 0.70			<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>

## Status Report: CMS Requests and Relativity Assessment Issues

<b>93971</b>	<b>Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study</b>	<b>Global:</b> XXX	<b>Issue:</b> Duplex Scans	<b>Screen:</b> Low Value-High Volume / CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 33	<b>Specialty Developing Recommendation:</b> ACR, SVS, ACC	<b>First Identified:</b> October 2010	<b>2019 est Medicare Utilization:</b> 1,753,619	<b>2007 Work RVU:</b> 0.45 <b>2007 NF PE RVU:</b> 3.67 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Maintain <b>2020 Work RVU:</b> 0.45 <b>2020 NF PE RVU:</b> 2.95 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.45			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
<hr/>					
<b>93975</b>	<b>Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; complete study</b>	<b>Global:</b> XXX	<b>Issue:</b> Duplex Scans	<b>Screen:</b> CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 33	<b>Specialty Developing Recommendation:</b> ACR, SVS, ACC	<b>First Identified:</b> November 2013	<b>2019 est Medicare Utilization:</b> 218,302	<b>2007 Work RVU:</b> 1.80 <b>2007 NF PE RVU:</b> 7.78 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Decrease <b>2020 Work RVU:</b> 1.16 <b>2020 NF PE RVU:</b> 6.55 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 1.30			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
<hr/>					
<b>93976</b>	<b>Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; limited study</b>	<b>Global:</b> XXX	<b>Issue:</b> Duplex Scans	<b>Screen:</b> CMS Fastest Growing / CMS Request - Final Rule for 2014	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2014	<b>Tab</b> 33	<b>Specialty Developing Recommendation:</b> ACR	<b>First Identified:</b> October 2008	<b>2019 est Medicare Utilization:</b> 173,269	<b>2007 Work RVU:</b> 1.21 <b>2007 NF PE RVU:</b> 4.33 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Decrease <b>2020 Work RVU:</b> 0.80 <b>2020 NF PE RVU:</b> 3.77 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 1.00			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	

# Status Report: CMS Requests and Relativity Assessment Issues

**93978** Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; complete study **Global:** XXX **Issue:** Duplex Scans **Screen:** CMS-Other - Utilization over 250,000 / CMS Request - Final Rule for 2014 **Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab 33** **Specialty Developing Recommendation:**

**First Identified:** April 2013

**2019 est Medicare Utilization:** 287,616

**2007 Work RVU:** 0.65

**2020 Work RVU:** 0.80

**2007 NF PE RVU:** 4.85

**2020 NF PE RVU:** 4.41

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**NA

**Result:** Increase

**RUC Recommendation:** 0.97

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**93979** Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; unilateral or limited study **Global:** XXX **Issue:** Duplex Scans **Screen:** CMS-Other - Utilization over 250,000 / CMS Request - Final Rule for 2014 **Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab 33** **Specialty Developing Recommendation:**

**First Identified:** October 2013

**2019 est Medicare Utilization:** 66,512

**2007 Work RVU:** 0.44

**2020 Work RVU:** 0.50

**2007 NF PE RVU:** 3.46

**2020 NF PE RVU:** 2.84

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**NA

**Result:** Increase

**RUC Recommendation:** 0.70

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**93982** Noninvasive physiologic study of implanted wireless pressure sensor in aneurysmal sac following endovascular repair, complete study including recording, analysis of pressure and waveform tracings, interpretation and report **Global:** **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

**Most Recent RUC Meeting:** January 2017

**Tab 10** **Specialty Developing Recommendation:** SVS, SIR, STS, AATS

**First Identified:** January 2017

**2019 est Medicare Utilization:**

**2007 Work RVU:**

**2020 Work RVU:**

**2007 NF PE RVU:**

**2020 NF PE RVU:**

**2007 Fac PE RVU**

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

**93985** Duplex scan of arterial inflow and venous outflow for preoperative vessel assessment prior to creation of hemodialysis access; complete bilateral study **Global:** XXX **Issue:** Duplex Scan Arterial Inflow-Venous Outflow Upper Extremity **Screen:** CMS-Other - Utilization over 30,000-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** January 2019

**Tab** 17

**Specialty Developing Recommendation:**

**First Identified:** October 2018

**2019 est Medicare Utilization:**

**2007 Work RVU:**

**2020 Work RVU:** 0.80

**2007 NF PE RVU:**

**2020 NF PE RVU:** 6.61

**2007 Fac PE RVU**

**2020 Fac PE RVU:**NA

**Result:** Increase

**RUC Recommendation:** 0.80

**Referred to CPT** September 2018

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

**93986** Duplex scan of arterial inflow and venous outflow for preoperative vessel assessment prior to creation of hemodialysis access; complete unilateral study **Global:** XXX **Issue:** Duplex Scan Arterial Inflow-Venous Outflow Upper Extremity **Screen:** CMS-Other - Utilization over 30,000-Part2 **Complete?** Yes

**Most Recent RUC Meeting:** January 2019

**Tab** 17

**Specialty Developing Recommendation:**

**First Identified:** October 2018

**2019 est Medicare Utilization:**

**2007 Work RVU:**

**2020 Work RVU:** 0.50

**2007 NF PE RVU:**

**2020 NF PE RVU:** 3.77

**2007 Fac PE RVU**

**2020 Fac PE RVU:**NA

**Result:** Increase

**RUC Recommendation:** 0.50

**Referred to CPT** September 2018

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

**93990** Duplex scan of hemodialysis access (including arterial inflow, body of access and venous outflow) **Global:** XXX **Issue:** Doppler Flow Testing **Screen:** CMS Fastest Growing / High Volume Growth2 **Complete?** Yes

**Most Recent RUC Meeting:** April 2014

**Tab** 40

**Specialty Developing Recommendation:** ACR, SVS

**First Identified:** October 2008

**2019 est Medicare Utilization:** 132,133

**2007 Work RVU:** 0.25

**2020 Work RVU:** 0.50

**2007 NF PE RVU:** 4.28

**2020 NF PE RVU:** 3.78

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**NA

**Result:** Increase

**RUC Recommendation:** 0.60

**Referred to CPT**

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

# Status Report: CMS Requests and Relativity Assessment Issues

<b>94010</b>	<b>Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), with or without maximal voluntary ventilation</b>	<b>Global:</b> XXX	<b>Issue:</b> Spirometry	<b>Screen:</b> Low Value-High Volume	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2019	<b>Tab 12</b> <b>Specialty Developing Recommendation:</b> ATS, CHEST	<b>First Identified:</b> October 2010	<b>2019 est Medicare Utilization:</b> 1,234,541	<b>2007 Work RVU:</b> 0.17 <b>2007 NF PE RVU:</b> 0.69 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Maintain	<b>2020 Work RVU:</b> 0.17 <b>2020 NF PE RVU:</b> 0.81 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.17		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>94014</b>	<b>Patient-initiated spirometric recording per 30-day period of time; includes reinforced education, transmission of spirometric tracing, data capture, analysis of transmitted data, periodic recalibration and review and interpretation by a physician or other qualified health care professional</b>	<b>Global:</b> XXX	<b>Issue:</b> Pulmonary Tests	<b>Screen:</b> High Volume Growth1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2009	<b>Tab 38</b> <b>Specialty Developing Recommendation:</b> ACCP/ATS	<b>First Identified:</b> February 2008	<b>2019 est Medicare Utilization:</b> 47	<b>2007 Work RVU:</b> 0.52 <b>2007 NF PE RVU:</b> 0.77 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Remove from Screen	<b>2020 Work RVU:</b> 0.52 <b>2020 NF PE RVU:</b> 1.03 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> Remove from screen - RUC articulated concerns regarding claims reporting to CMS		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>94015</b>	<b>Patient-initiated spirometric recording per 30-day period of time; recording (includes hook-up, reinforced education, data transmission, data capture, trend analysis, and periodic recalibration)</b>	<b>Global:</b> XXX	<b>Issue:</b> Pulmonary Tests	<b>Screen:</b> High Volume Growth1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2009	<b>Tab 38</b> <b>Specialty Developing Recommendation:</b> ACCP/ATS	<b>First Identified:</b> February 2008	<b>2019 est Medicare Utilization:</b> 38	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> 0.61 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Remove from Screen	<b>2020 Work RVU:</b> 0.00 <b>2020 NF PE RVU:</b> 0.85 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> Remove from screen - RUC articulated concerns regarding claims reporting to CMS		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

# Status Report: CMS Requests and Relativity Assessment Issues

**94016** Patient-initiated spirometric recording per 30-day period of time; review and interpretation only by a physician or other qualified health care professional **Global:** XXX **Issue:** Pulmonary Tests **Screen:** High Volume Growth1 **Complete?** Yes

**Most Recent RUC Meeting:** February 2009 **Tab** 38 **Specialty Developing Recommendation:** ACCP/ATS **First Identified:** April 2008 **2019 est Medicare Utilization:** 5,244 **2007 Work RVU:** 0.52 **2020 Work RVU:** 0.52 **2007 NF PE RVU:** 0.16 **2020 NF PE RVU:** 0.18 **2007 Fac PE RVU:** 0.16 **2020 Fac PE RVU:** 0.18 **Result:** Remove from Screen

**RUC Recommendation:** Remove from screen - RUC articulated concerns regarding claims reporting to CMS **Referred to CPT**

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

**94060** Bronchodilation responsiveness, spirometry as in 94010, pre- and post-bronchodilator administration **Global:** XXX **Issue:** Spirometry **Screen:** MPC List / CPT Assistant Analysis 2018 **Complete?** Yes

**Most Recent RUC Meeting:** October 2019 **Tab** 12 **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** October 2010 **2019 est Medicare Utilization:** 1,160,195 **2007 Work RVU:** 0.31 **2020 Work RVU:** 0.27 **2007 NF PE RVU:** 1.13 **2020 NF PE RVU:** 1.37 **2007 Fac PE RVU:** 1.13 **2020 Fac PE RVU:** NA **Result:** Decrease

**RUC Recommendation:** 0.22 **Referred to CPT**

**Referred to CPT Asst** ☒ **Published in CPT Asst:** Mar 2014

**94200** Maximum breathing capacity, maximal voluntary ventilation **Global:** XXX **Issue:** Lung Function Test **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** April 2018 **Tab** 28 **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** October 2017 **2019 est Medicare Utilization:** 74,436 **2007 Work RVU:** 0.11 **2020 Work RVU:** 0.05 **2007 NF PE RVU:** 0.45 **2020 NF PE RVU:** 0.56 **2007 Fac PE RVU:** NA **2020 Fac PE RVU:** NA **Result:** Decrease

**RUC Recommendation:** 0.05 **Referred to CPT**

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

## Status Report: CMS Requests and Relativity Assessment Issues

**94240 Deleted from CPT**

**Global:** **Issue:** Pulmonary Tests

**Screen:** Codes Reported Together 75% or More-Part1

**Complete?** Yes

**Most Recent RUC Meeting:** April 2010

**Tab** 45

**Specialty Developing Recommendation:** ACCP, ATS

**First Identified:** February 2010

**2019 est Medicare Utilization:**

**2007 Work RVU:** 0.26

**2020 Work RVU:**

**2007 NF PE RVU:** 0.7

**2020 NF PE RVU:**

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2010

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

**94250 Expired gas collection, quantitative, single procedure (separate procedure)**

**Global:** XXX **Issue:** RAW

**Screen:** CMS-Other - Utilization over 20,000

**Complete?** Yes

**Most Recent RUC Meeting:** October 2019

**Tab** 17

**Specialty Developing Recommendation:**

**First Identified:** January 2019

**2019 est Medicare Utilization:** 20,825

**2007 Work RVU:** 0.11

**2020 Work RVU:** 0.11

**2007 NF PE RVU:** 0.61

**2020 NF PE RVU:** 0.64

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:** NA

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**

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

**94260 Deleted from CPT**

**Global:** **Issue:** Pulmonary Tests

**Screen:** Codes Reported Together 75% or More-Part1 /

**Complete?** Yes

**Most Recent RUC Meeting:** April 2010

**Tab** 45

**Specialty Developing Recommendation:** ACCP, ATS

**First Identified:** February 2010

**2019 est Medicare Utilization:**

**2007 Work RVU:** 0.13

**2020 Work RVU:**

**2007 NF PE RVU:** 0.63

**2020 NF PE RVU:**

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2010

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



## Status Report: CMS Requests and Relativity Assessment Issues

**94350 Deleted from CPT**

**Global:**

**Issue:** Pulmonary Tests

**Screen:** Codes Reported  
Together 75% or More-  
Part1

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2010

**Tab** 45

**Specialty Developing  
Recommendation:** ACCP, ATS

**First  
Identified:** February 2010

**2019 est  
Medicare  
Utilization:**

**2007 Work RVU:** 0.26

**2020 Work RVU:**

**2007 NF PE RVU:** 0.73

**2020 NF PE RVU:**

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2010

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

**94360 Deleted from CPT**

**Global:**

**Issue:** Pulmonary Tests

**Screen:** Codes Reported  
Together 75% or More-  
Part1

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2010

**Tab** 45

**Specialty Developing  
Recommendation:** ACCP, ATS

**First  
Identified:** February 2010

**2019 est  
Medicare  
Utilization:**

**2007 Work RVU:** 0.26

**2020 Work RVU:**

**2007 NF PE RVU:** 0.77

**2020 NF PE RVU:**

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2010

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

**94370 Determination of airway closing volume, single breath tests**

**Global:**

**Issue:** Pulmonary Tests

**Screen:** Codes Reported  
Together 75% or More-  
Part1

**Complete?** Yes

**Most Recent  
RUC Meeting:** April 2010

**Tab** 45

**Specialty Developing  
Recommendation:** ACCP, ATS

**First  
Identified:** February 2010

**2019 est  
Medicare  
Utilization:**

**2007 Work RVU:** 0.26

**2020 Work RVU:**

**2007 NF PE RVU:** 0.69

**2020 NF PE RVU:**

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2010

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

# Status Report: CMS Requests and Relativity Assessment Issues

**94400 Breathing response to CO2 (CO2 response curve)** **Global:** XXX **Issue:** Evaluation of Wheezing **Screen:** Codes Reported Together 75% or More- Part2 / CPT Assistant Analysis 2018 **Complete?** Yes

**Most Recent RUC Meeting:** April 2019 **Tab** 25 **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** **2019 est Medicare Utilization:** 1,310 **2007 Work RVU:** 0.40 **2020 Work RVU:** 0.40 **2007 NF PE RVU:** 0.89 **2020 NF PE RVU:** 1.16 **2007 Fac PE RVU:** NA **2020 Fac PE RVU:** NA **RUC Recommendation:** Deleted from CPT **Referred to CPT** September 2019 **Referred to CPT Asst** ☒ **Published in CPT Asst:** Mar 2014 **Result:** Deleted from CPT

**94450 Breathing response to hypoxia (hypoxia response curve)** **Global:** XXX **Issue:** Pulmonary Tests **Screen:** High Volume Growth1 **Complete?** Yes

**Most Recent RUC Meeting:** February 2009 **Tab** 38 **Specialty Developing Recommendation:** ACCP/ATS **First Identified:** February 2008 **2019 est Medicare Utilization:** 56 **2007 Work RVU:** 0.40 **2020 Work RVU:** 0.40 **2007 NF PE RVU:** 0.89 **2020 NF PE RVU:** 1.44 **2007 Fac PE RVU:** NA **2020 Fac PE RVU:** NA **RUC Recommendation:** Remove from screen - RUC articulated concerns regarding claims reporting to CMS **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Remove from Screen

**94617 Exercise test for bronchospasm, including pre- and post-spirometry, electrocardiographic recording(s), and pulse oximetry** **Global:** XXX **Issue:** Pulmonary Diagnostic Tests **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** October 2016 **Tab** 05 **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** February 2016 **2019 est Medicare Utilization:** 9,892 **2007 Work RVU:** **2020 Work RVU:** 0.70 **2007 NF PE RVU:** **2020 NF PE RVU:** 1.83 **2007 Fac PE RVU:** **2020 Fac PE RVU:** NA **RUC Recommendation:** 0.70 **Referred to CPT** February 2016 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

# Status Report: CMS Requests and Relativity Assessment Issues

<b>94618</b>	<b>Pulmonary stress testing (eg, 6-minute walk test), including measurement of heart rate, oximetry, and oxygen titration, when performed</b>	<b>Global:</b> XXX	<b>Issue:</b> Pulmonary Diagnostic Tests	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2016	<b>Tab</b> 05 <b>Specialty Developing Recommendation:</b> ATS, CHEST	<b>First Identified:</b> February 2016	<b>2019 est Medicare Utilization:</b> 271,019	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU</b> <b>Result:</b> Decrease	<b>2020 Work RVU:</b> 0.48 <b>2020 NF PE RVU:</b> 0.44 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.48		<b>Referred to CPT</b> February 2016 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>94620</b>	<b>Pulmonary stress testing; simple (eg, 6-minute walk test, prolonged exercise test for bronchospasm with pre- and post-spirometry and oximetry)</b>	<b>Global:</b>	<b>Issue:</b> Pulmonary Diagnostic Tests	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2016	<b>Tab</b> 05 <b>Specialty Developing Recommendation:</b> ATS, CHEST	<b>First Identified:</b> July 2015	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> 0.64 <b>2007 NF PE RVU:</b> 2.06 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Deleted from CPT	<b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> February 2016 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>94621</b>	<b>Cardiopulmonary exercise testing, including measurements of minute ventilation, CO2 production, O2 uptake, and electrocardiographic recordings</b>	<b>Global:</b> XXX	<b>Issue:</b> Pulmonary Diagnostic Tests	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2016	<b>Tab</b> 05 <b>Specialty Developing Recommendation:</b> ATS, CHEST	<b>First Identified:</b> January 2016	<b>2019 est Medicare Utilization:</b> 21,378	<b>2007 Work RVU:</b> 1.42 <b>2007 NF PE RVU:</b> 2.45 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Maintain	<b>2020 Work RVU:</b> 1.42 <b>2020 NF PE RVU:</b> 2.97 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 1.42		<b>Referred to CPT</b> February 2016 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

## Status Report: CMS Requests and Relativity Assessment Issues

<b>94640</b>	Pressurized or nonpressurized inhalation treatment for acute airway obstruction for therapeutic purposes and/or for diagnostic purposes such as sputum induction with an aerosol generator, nebulizer, metered dose inhaler or intermittent positive pressure breathing (IPPB) device	<b>Global:</b> XXX	<b>Issue:</b> Evaluation of Wheezing	<b>Screen:</b> Codes Reported Together 75% or More-Part2 /CPT Assistant Analysis 2018	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2019	<b>Tab</b> 25 <b>Specialty Developing Recommendation:</b> AAFP, ATS, CHEST,	<b>First Identified:</b>	<b>2019 est Medicare Utilization:</b> 601,038	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> 0.32 <b>2007 Fac PE RVU</b> NA <b>Result:</b> PE Only	<b>2020 Work RVU:</b> 0.00 <b>2020 NF PE RVU:</b> 0.49 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> New PE Inputs		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Mar 2014		
<b>94667</b>	Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; initial demonstration and/or evaluation	<b>Global:</b> XXX	<b>Issue:</b> Evaluation of Wheezing	<b>Screen:</b> CPT Assistant Analysis 2018	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2019	<b>Tab</b> 25 <b>Specialty Developing Recommendation:</b> ATS, CHEST	<b>First Identified:</b> April 2019	<b>2019 est Medicare Utilization:</b> 6,331	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> 0.53 <b>2007 Fac PE RVU</b> NA <b>Result:</b> PE Only	<b>2020 Work RVU:</b> 0.00 <b>2020 NF PE RVU:</b> 0.68 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> New PE Inputs		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>94668</b>	Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; subsequent	<b>Global:</b> XXX	<b>Issue:</b> Evaluation of Wheezing	<b>Screen:</b> Codes Reported Together 75% or More-Part2 / CPT Assistant Analysis 2018	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2019	<b>Tab</b> 25 <b>Specialty Developing Recommendation:</b> AAFP, ATS, CHEST,	<b>First Identified:</b>	<b>2019 est Medicare Utilization:</b> 5,171	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> 0.46 <b>2007 Fac PE RVU</b> NA <b>Result:</b> PE Only	<b>2020 Work RVU:</b> 0.00 <b>2020 NF PE RVU:</b> 0.79 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> New PE Inputs CPT Assistant article published		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Mar 2014		

## Status Report: CMS Requests and Relativity Assessment Issues

**94669** Mechanical chest wall oscillation to facilitate lung function, per session      **Global:** XXX      **Issue:** Evaluation of Wheezing      **Screen:** CPT Assistant Analysis 2018      **Complete?** Yes

**Most Recent**      **Tab** 25      **Specialty Developing**      ATS, CHEST      **First**      **2019 est**      **2007 Work RVU:**      **2020 Work RVU:** 0.00  
**RUC Meeting:** April 2019      **Recommendation:**      **Identified:** April 2019      **Medicare**      **2007 NF PE RVU:**      **2020 NF PE RVU:** 0.81  
Utilization: 324      **2007 Fac PE RVU**      **2020 Fac PE RVU:** NA

**RUC Recommendation:** New PE Inputs

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

**Result:** PE Only

**94681** Oxygen uptake, expired gas analysis; including CO2 output, percentage oxygen extracted      **Global:** XXX      **Issue:** Pulmonary Tests      **Screen:** High Volume Growth1 / CMS Fastest Growing      **Complete?** Yes

**Most Recent**      **Tab** 51      **Specialty Developing**      AACE, TES,      **First**      **2019 est**      **2007 Work RVU:** 0.20      **2020 Work RVU:** 0.20  
**RUC Meeting:** September 2011      **Recommendation:** ACCP/ATS      **Identified:** February 2008      **Medicare**      **2007 NF PE RVU:** 2.16      **2020 NF PE RVU:** 1.27  
Utilization: 7,816      **2007 Fac PE RVU** NA      **2020 Fac PE RVU:** NA

**RUC Recommendation:** Remove from screen

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

**Result:** Remove from Screen

**94720** Carbon monoxide diffusing capacity (eg, single breath, steady state)      **Global:**      **Issue:** Pulmonary Tests      **Screen:** Codes Reported Together 75% or More-Part1      **Complete?** Yes

**Most Recent**      **Tab** 45      **Specialty Developing**      ACCP, ATS      **First**      **2019 est**      **2007 Work RVU:** 0.26      **2020 Work RVU:**  
**RUC Meeting:** April 2010      **Recommendation:**      **Identified:** February 2010      **Medicare**      **2007 NF PE RVU:** 1.04      **2020 NF PE RVU:**  
Utilization:      **2007 Fac PE RVU** NA      **2020 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**      October 2010  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**Result:** Deleted from CPT

# Status Report: CMS Requests and Relativity Assessment Issues

**94725** Membrane diffusion capacity

**Global:**

**Issue:** Pulmonary Tests

**Screen:** Codes Reported Together 75% or More-Part1

**Complete?** Yes

**Most Recent RUC Meeting:** April 2010

**Tab** 45

**Specialty Developing Recommendation:** ACCP, ATS

**First Identified:** February 2010

**2019 est Medicare Utilization:**

**2007 Work RVU:** 0.26

**2020 Work RVU:**

**2007 NF PE RVU:** 2.43

**2020 NF PE RVU:**

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2010

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

**94726** Plethysmography for determination of lung volumes and, when performed, airway resistance

**Global:** XXX

**Issue:** Pulmonary Function Testing

**Screen:** Codes Reported Together 75% or More-Part1

**Complete?** Yes

**Most Recent RUC Meeting:** April 2011

**Tab** 19

**Specialty Developing Recommendation:** ACCP, ATS

**First Identified:** February 2010

**2019 est Medicare Utilization:** 681,512

**2007 Work RVU:**

**2020 Work RVU:** 0.26

**2007 NF PE RVU:**

**2020 NF PE RVU:** 1.23

**2007 Fac PE RVU**

**2020 Fac PE RVU:** NA

**Result:** Decrease

**RUC Recommendation:** 0.31

**Referred to CPT** February 2011

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

**94727** Gas dilution or washout for determination of lung volumes and, when performed, distribution of ventilation and closing volumes

**Global:** XXX

**Issue:** Pulmonary Function Testing

**Screen:** Codes Reported Together 75% or More-Part1

**Complete?** Yes

**Most Recent RUC Meeting:** April 2011

**Tab** 19

**Specialty Developing Recommendation:** ACCP, ATS

**First Identified:** February 2010

**2019 est Medicare Utilization:** 348,523

**2007 Work RVU:**

**2020 Work RVU:** 0.26

**2007 NF PE RVU:**

**2020 NF PE RVU:** 0.95

**2007 Fac PE RVU**

**2020 Fac PE RVU:** NA

**Result:** Decrease

**RUC Recommendation:** 0.31

**Referred to CPT** February 2011

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

# Status Report: CMS Requests and Relativity Assessment Issues

## 94728 Airway resistance by oscillometry

Global: XXX

Issue: Pulmonary Function Testing

Screen: Codes Reported Together 75% or More-Part1

Complete? Yes

Most Recent  
RUC Meeting: April 2011

Tab 19 Specialty Developing  
Recommendation: ACCP, ATS

First  
Identified: February 2010

2019 est  
Medicare  
Utilization: 4,985

2007 Work RVU:

2020 Work RVU: 0.26

2007 NF PE RVU:

2020 NF PE RVU: 0.87

2007 Fac PE RVU

2020 Fac PE RVU:NA

Result: Decrease

RUC Recommendation: 0.31

Referred to CPT February 2011

Referred to CPT Asst ☐ Published in CPT Asst:

## 94729 Diffusing capacity (eg, carbon monoxide, membrane) (List separately in addition to code for primary procedure)

Global: ZZZ

Issue: Pulmonary Function Testing

Screen: Codes Reported Together 75% or More-Part1

Complete? Yes

Most Recent  
RUC Meeting: April 2011

Tab 19 Specialty Developing  
Recommendation: ACCP, ATS

First  
Identified: February 2010

2019 est  
Medicare  
Utilization: 1,113,315

2007 Work RVU:

2020 Work RVU: 0.19

2007 NF PE RVU:

2020 NF PE RVU: 1.38

2007 Fac PE RVU

2020 Fac PE RVU:NA

Result: Decrease

RUC Recommendation: 0.19

Referred to CPT February 2011

Referred to CPT Asst ☐ Published in CPT Asst:

## 94750 Pulmonary compliance study (eg, plethysmography, volume and pressure measurements)

Global: XXX

Issue: RAW

Screen: CMS-Other - Utilization over 20,000

Complete? Yes

Most Recent  
RUC Meeting: October 2019

Tab 17 Specialty Developing  
Recommendation:

First  
Identified: January 2019

2019 est  
Medicare  
Utilization: 18,981

2007 Work RVU: 0.23

2020 Work RVU: 0.23

2007 NF PE RVU: 1.43

2020 NF PE RVU: 2.23

2007 Fac PE RVU NA

2020 Fac PE RVU:NA

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT

Referred to CPT Asst ☐ Published in CPT Asst:

## Status Report: CMS Requests and Relativity Assessment Issues

**94760** Noninvasive ear or pulse oximetry for oxygen saturation; single determination **Global:** XXX **Issue:** Measure Blood Oxygen Level **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

**Most Recent** **Tab** 32 **Specialty Developing** ACCP, ATS **First** **2019 est** **2007 Work RVU:** 0.00 **2020 Work RVU:** 0.00  
**RUC Meeting:** February 2009 **Recommendation:** **Identified:** NA **Medicare** **2007 NF PE RVU:** 0.05 **2020 NF PE RVU:** 0.06  
**Utilization:** 29,834 **2007 Fac PE RVU** NA **2020 Fac PE RVU:**NA

**RUC Recommendation:** New PE inputs

**Referred to CPT**

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

**Result:** PE Only

**94761** Noninvasive ear or pulse oximetry for oxygen saturation; multiple determinations (eg, during exercise) **Global:** XXX **Issue:** Measure Blood Oxygen Level **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

**Most Recent** **Tab** 32 **Specialty Developing** ACCP, ATS **First** **2019 est** **2007 Work RVU:** 0.00 **2020 Work RVU:** 0.00  
**RUC Meeting:** February 2009 **Recommendation:** **Identified:** NA **Medicare** **2007 NF PE RVU:** 0.08 **2020 NF PE RVU:** 0.10  
**Utilization:** 16,501 **2007 Fac PE RVU** NA **2020 Fac PE RVU:**NA

**RUC Recommendation:** New PE inputs

**Referred to CPT**

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

**Result:** PE Only

**94762** Noninvasive ear or pulse oximetry for oxygen saturation; by continuous overnight monitoring (separate procedure) **Global:** XXX **Issue:** Measure Blood Oxygen Level **Screen:** CMS Fastest Growing, CMS Request - Practice Expense Review **Complete?** Yes

**Most Recent** **Tab** 32 **Specialty Developing** ACCP, ATS **First** **2019 est** **2007 Work RVU:** 0.00 **2020 Work RVU:** 0.00  
**RUC Meeting:** February 2009 **Recommendation:** **Identified:** October 2008 **Medicare** **2007 NF PE RVU:** 0.56 **2020 NF PE RVU:** 0.73  
**Utilization:** 208,171 **2007 Fac PE RVU** NA **2020 Fac PE RVU:**NA

**RUC Recommendation:** New PE inputs

**Referred to CPT**

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

**Result:** PE Only



# Status Report: CMS Requests and Relativity Assessment Issues

<b>94770</b>	Carbon dioxide, expired gas determination by infrared analyzer			<b>Global:</b> XXX	<b>Issue:</b> Evaluation of Wheezing	<b>Screen:</b> High Volume Growth1 / Codes Reported Together 75% or More-Part2 / CPT Assistant Analysis 2018	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2019	<b>Tab</b> 25	<b>Specialty Developing Recommendation:</b> ATS, CHEST	<b>First Identified:</b> February 2008	<b>2019 est Medicare Utilization:</b> 5,724	<b>2007 Work RVU:</b> 0.15	<b>2020 Work RVU:</b> 0.15	
					<b>2007 NF PE RVU:</b> 0.76	<b>2020 NF PE RVU:</b> NA	
					<b>2007 Fac PE RVU</b> NA	<b>2020 Fac PE RVU:</b> 0.05	
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> September 2019	<b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Mar 2014	<b>Result:</b> Deleted from CPT	
<hr/>							
<b>95004</b>	Percutaneous tests (scratch, puncture, prick) with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of tests			<b>Global:</b> XXX	<b>Issue:</b> Percutaneous Allergy Tests	<b>Screen:</b> Low Value-Billed in Multiple Units / CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2016	<b>Tab</b> 27	<b>Specialty Developing Recommendation:</b> AAAAI, AAOA, ACAAI	<b>First Identified:</b> October 2010	<b>2019 est Medicare Utilization:</b> 10,738,966	<b>2007 Work RVU:</b> 0.00	<b>2020 Work RVU:</b> 0.01	
					<b>2007 NF PE RVU:</b> 0.12	<b>2020 NF PE RVU:</b> 0.10	
					<b>2007 Fac PE RVU</b> NA	<b>2020 Fac PE RVU:</b> NA	
<b>RUC Recommendation:</b> 0.01			<b>Referred to CPT</b>	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Maintain	
<hr/>							
<b>95010</b>	Percutaneous tests (scratch, puncture, prick) sequential and incremental, with drugs, biologicals or venoms, immediate type reaction, including test interpretation and report by a physician, specify number of tests			<b>Global:</b>	<b>Issue:</b> Percutaneous Allergy Tests	<b>Screen:</b> Low Value-Billed in Multiple Units	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2011	<b>Tab</b> 31	<b>Specialty Developing Recommendation:</b> JCAAI, ACAAI, AAAAI	<b>First Identified:</b> October 2010	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> 0.15	<b>2020 Work RVU:</b>	
					<b>2007 NF PE RVU:</b> 0.31	<b>2020 NF PE RVU:</b>	
					<b>2007 Fac PE RVU</b> 0.06	<b>2020 Fac PE RVU:</b>	
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> February 2012	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Deleted from CPT	

# Status Report: CMS Requests and Relativity Assessment Issues

## 95012 Nitric oxide expired gas determination

Global: XXX

Issue: Exhaled Nitric Oxide Measurement (PE Only)

Screen: High Volume Growth5

Complete? Yes

Most Recent  
RUC Meeting: April 2019

Tab 26

Specialty Developing  
Recommendation:

AAAAI,  
ACAAI, ATS,  
CHEST

First  
Identified: October 2018

2019 est  
Medicare  
Utilization: 136,728

2007 Work RVU: 0.00

2020 Work RVU: 0.00

2007 NF PE RVU: 0.48

2020 NF PE RVU: 0.55

2007 Fac PE RVU NA

2020 Fac PE RVU:NA

Result: PE Only

RUC Recommendation: New PE Inputs

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

## 95015 Intracutaneous (intradermal) tests, sequential and incremental, with drugs, biologicals, or venoms, immediate type reaction, including test interpretation and report by a physician, specify number of tests

Global:

Issue: Intracutaneous Allergy Tests

Screen: Low Value-Billed in Multiple Units

Complete? Yes

Most Recent  
RUC Meeting: April 2011

Tab 31

Specialty Developing  
Recommendation:

JCAAI,  
ACAAI,  
AAAAI

First  
Identified: October 2010

2019 est  
Medicare  
Utilization:

2007 Work RVU: 0.15

2020 Work RVU:

2007 NF PE RVU: 0.16

2020 NF PE RVU:

2007 Fac PE RVU 0.06

2020 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2012

Referred to CPT Asst ☐

Published in CPT Asst:

## 95017 Allergy testing, any combination of percutaneous (scratch, puncture, prick) and intracutaneous (intradermal), sequential and incremental, with venoms, immediate type reaction, including test interpretation and report, specify number of tests

Global: XXX

Issue: Percutaneous Allergy Testing

Screen: Low Value-Billed in Multiple Units

Complete? Yes

Most Recent  
RUC Meeting: April 2012

Tab 29

Specialty Developing  
Recommendation:

JCAAI

First  
Identified: October 2010

2019 est  
Medicare  
Utilization: 27,662

2007 Work RVU:

2020 Work RVU: 0.07

2007 NF PE RVU:

2020 NF PE RVU: 0.16

2007 Fac PE RVU

2020 Fac PE RVU:0.03

Result: Decrease

RUC Recommendation: 0.07

Referred to CPT February 2012

Referred to CPT Asst ☐

Published in CPT Asst:

# Status Report: CMS Requests and Relativity Assessment Issues

<b>95018</b>	Allergy testing, any combination of percutaneous (scratch, puncture, prick) and intracutaneous (intradermal), sequential and incremental, with drugs or biologicals, immediate type reaction, including test interpretation and report, specify number of tests	<b>Global:</b> XXX	<b>Issue:</b> Percutaneous Allergy Testing	<b>Screen:</b> Low Value-Billed in Multiple Units	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab</b> 29	<b>Specialty Developing Recommendation:</b> JCAAI	<b>First Identified:</b> October 2010	<b>2019 est Medicare Utilization:</b> 129,391	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease
<b>RUC Recommendation:</b> 0.14			<b>Referred to CPT</b> February 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> 0.14 <b>2020 NF PE RVU:</b> 0.45 <b>2020 Fac PE RVU:</b> 0.05
<b>95024</b>	Intracutaneous (intradermal) tests with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of tests	<b>Global:</b> XXX	<b>Issue:</b> Intracutaneous Allergy Tests	<b>Screen:</b> Low Value-Billed in Multiple Units / Negative IWPUT	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2017	<b>Tab</b> 19	<b>Specialty Developing Recommendation:</b> JCAAI, ACAAI, AAAAI, AAOA	<b>First Identified:</b> October 2010	<b>2019 est Medicare Utilization:</b> 1,833,929	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> 0.17 <b>2007 Fac PE RVU Result:</b> PE Only
<b>RUC Recommendation:</b> New PE Inputs.			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> 0.01 <b>2020 NF PE RVU:</b> 0.21 <b>2020 Fac PE RVU:</b> 0.01
<b>95027</b>	Intracutaneous (intradermal) tests, sequential and incremental, with allergenic extracts for airborne allergens, immediate type reaction, including test interpretation and report, specify number of tests	<b>Global:</b> XXX	<b>Issue:</b> Intracutaneous Allergy Tests	<b>Screen:</b> Low Value-Billed in Multiple Units	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2011	<b>Tab</b> 41	<b>Specialty Developing Recommendation:</b> JCAAI, ACAAI, AAAAI	<b>First Identified:</b> October 2010	<b>2019 est Medicare Utilization:</b> 164,524	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> 0.17 <b>2007 Fac PE RVU Result:</b> Maintain
<b>RUC Recommendation:</b> 0.01			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> 0.01 <b>2020 NF PE RVU:</b> 0.12 <b>2020 Fac PE RVU:</b> NA

# Status Report: CMS Requests and Relativity Assessment Issues

**95115** Professional services for allergen immunotherapy not including provision of allergenic extracts; single injection **Global:** XXX **Issue:** Immunotherapy Injections **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2012 **Tab** 48 **Specialty Developing Recommendation:** JCAAI, AAOA **First Identified:** January 2012 **2019 est Medicare Utilization:** 1,034,318 **2007 Work RVU:** 0.00 **2020 Work RVU:** 0.00 **2007 NF PE RVU:** 0.35 **2020 NF PE RVU:** 0.25 **2007 Fac PE RVU:** 0.29 **2020 Fac PE RVU:** NA **Result:** PE Only

**RUC Recommendation:** New PE Inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**95117** Professional services for allergen immunotherapy not including provision of allergenic extracts; 2 or more injections **Global:** XXX **Issue:** Immunotherapy Injections **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2012 **Tab** 48 **Specialty Developing Recommendation:** JCAAI, AAOA **First Identified:** September 2011 **2019 est Medicare Utilization:** 2,769,382 **2007 Work RVU:** 0.00 **2020 Work RVU:** 0.00 **2007 NF PE RVU:** 0.44 **2020 NF PE RVU:** 0.29 **2007 Fac PE RVU:** 0.38 **2020 Fac PE RVU:** NA **Result:** PE Only

**RUC Recommendation:** New PE Inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**95144** Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy, single dose vial(s) (specify number of vials) **Global:** XXX **Issue:** Antigen Therapy Services **Screen:** Low Value-Billed in Multiple Units / CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** January 2016 **Tab** 49 **Specialty Developing Recommendation:** AAOHNS, AAOA, ACAAI **First Identified:** October 2010 **2019 est Medicare Utilization:** 178,622 **2007 Work RVU:** 0.06 **2020 Work RVU:** 0.06 **2007 NF PE RVU:** 0.21 **2020 NF PE RVU:** 0.35 **2007 Fac PE RVU:** 0.02 **2020 Fac PE RVU:** 0.02 **Result:** Maintain

**RUC Recommendation:** 0.06 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

<b>95148</b>	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 4 single stinging insect venoms	<b>Global:</b> XXX	<b>Issue:</b>	<b>Screen:</b> Low Value-Billed in Multiple Units	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2010	<b>Tab</b> 73 <b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> October 2010	<b>2019 est Medicare Utilization:</b> 20,261	<b>2007 Work RVU:</b> 0.06 <b>2007 NF PE RVU:</b> 0.67 <b>2007 Fac PE RVU:</b> 0.03 <b>Result:</b> Maintain	<b>2020 Work RVU:</b> 0.06 <b>2020 NF PE RVU:</b> 2.28 <b>2020 Fac PE RVU:</b> 0.02
<b>RUC Recommendation:</b> 0.06		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>95165</b>	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; single or multiple antigens (specify number of doses)	<b>Global:</b> XXX	<b>Issue:</b> Antigen Therapy Services	<b>Screen:</b> MPC List / CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab</b> 49 <b>Specialty Developing Recommendation:</b> AAOHNS, AAOA, ACAAI	<b>First Identified:</b> October 2010	<b>2019 est Medicare Utilization:</b> 7,687,749	<b>2007 Work RVU:</b> 0.06 <b>2007 NF PE RVU:</b> 0.21 <b>2007 Fac PE RVU:</b> 0.02 <b>Result:</b> Maintain	<b>2020 Work RVU:</b> 0.06 <b>2020 NF PE RVU:</b> 0.34 <b>2020 Fac PE RVU:</b> 0.02
<b>RUC Recommendation:</b> 0.06		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>95249</b>	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; patient-provided equipment, sensor placement, hook-up, calibration of monitor, patient training, and printout of recording	<b>Global:</b> XXX	<b>Issue:</b> Continuous Glucose Monitoring	<b>Screen:</b> High Volume Growth2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2017	<b>Tab</b> 08 <b>Specialty Developing Recommendation:</b> AACE, ES, ACP	<b>First Identified:</b>	<b>2019 est Medicare Utilization:</b> 10,730	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>Result:</b> PE Only	<b>2020 Work RVU:</b> 0.00 <b>2020 NF PE RVU:</b> 1.51 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> PE Only. Referral to CPT Assistant		<b>Referred to CPT</b> June 2017 <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> June 2018		

# Status Report: CMS Requests and Relativity Assessment Issues

<b>95250</b>	<b>Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; physician or other qualified health care professional (office) provided equipment, sensor placement, hook-up, calibration of monitor, patient training, removal of sensor, and printout of recording</b>	<b>Global:</b> XXX	<b>Issue:</b> Continuous Glucose Monitoring	<b>Screen:</b> High Volume Growth2 / Work Neutrality 2018	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2020	<b>Tab 37</b>	<b>Specialty Developing Recommendation:</b> AACE, ES	<b>First Identified:</b> October 2013	<b>2019 est Medicare Utilization:</b> 76,885	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> 3.95 <b>2007 Fac PE RVU</b> NA <b>2020 Work RVU:</b> 0.00 <b>2020 NF PE RVU:</b> 4.18 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> Re-review at RAW. New PE inputs.			<b>Referred to CPT</b> October 2015 & February 2017 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> PE Only
<b>95251</b>	<b>Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; analysis, interpretation and report</b>	<b>Global:</b> XXX	<b>Issue:</b> Continuous Glucose Monitoring	<b>Screen:</b> High Volume Growth / Work Neutrality 2018	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2020	<b>Tab 37</b>	<b>Specialty Developing Recommendation:</b> AACE, ES	<b>First Identified:</b> April 2013	<b>2019 est Medicare Utilization:</b> 248,288	<b>2007 Work RVU:</b> 0.85 <b>2007 NF PE RVU:</b> 0.21 <b>2007 Fac PE RVU</b> 0.21 <b>2020 Work RVU:</b> 0.70 <b>2020 NF PE RVU:</b> 0.27 <b>2020 Fac PE RVU:</b> 0.27
<b>RUC Recommendation:</b> Re-review at RAW. 0.70.			<b>Referred to CPT</b> February 2017 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease
<b>95700</b>	<b>Electroencephalogram (EEG) continuous recording, with video when performed, setup, patient education, and takedown when performed, administered in person by EEG technologist, minimum of 8 channels</b>	<b>Global:</b> XXX	<b>Issue:</b> Long-Term EEG Monitoring	<b>Screen:</b> High Volume Growth4	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2018	<b>Tab 13</b>	<b>Specialty Developing Recommendation:</b> AAN, ACNS	<b>First Identified:</b> May 2018	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU</b> <b>2020 Work RVU:</b> 0.00 <b>2020 NF PE RVU:</b> 0.00 <b>2020 Fac PE RVU:</b> 0.00
<b>RUC Recommendation:</b> PE Only			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> PE Only

## Status Report: CMS Requests and Relativity Assessment Issues

**95705** Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, 2-12 hours; unmonitored **Global:** XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

**Most Recent RUC Meeting:** October 2018 **Tab** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2019 est Medicare Utilization:** **2007 Work RVU:** **2020 Work RVU:** 0.00 **2007 NF PE RVU:** **2020 NF PE RVU:** 0.00 **2007 Fac PE RVU Result:** PE Only **2020 Fac PE RVU:** 0.00

**RUC Recommendation:** PE Only **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**95706** Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, 2-12 hours; with intermittent monitoring and maintenance **Global:** XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

**Most Recent RUC Meeting:** October 2018 **Tab** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2019 est Medicare Utilization:** **2007 Work RVU:** **2020 Work RVU:** 0.00 **2007 NF PE RVU:** **2020 NF PE RVU:** 0.00 **2007 Fac PE RVU Result:** PE Only **2020 Fac PE RVU:** 0.00

**RUC Recommendation:** PE Only **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**95707** Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, 2-12 hours; with continuous, real-time monitoring and maintenance **Global:** XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

**Most Recent RUC Meeting:** October 2018 **Tab** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2019 est Medicare Utilization:** **2007 Work RVU:** **2020 Work RVU:** 0.00 **2007 NF PE RVU:** **2020 NF PE RVU:** 0.00 **2007 Fac PE RVU Result:** PE Only **2020 Fac PE RVU:** 0.00

**RUC Recommendation:** PE Only **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

**95708** Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, each increment of 12-26 hours; unmonitored **Global:** XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** October 2018

**Tab** 13 **Specialty Developing** AAN, ACNS  
**Recommendation:**

**First**  
**Identified:** May 2018

**2019 est**  
**Medicare**  
**Utilization:**

**2007 Work RVU:**  
**2007 NF PE RVU:**  
**2007 Fac PE RVU**  
**Result:** PE Only

**2020 Work RVU:** 0.00  
**2020 NF PE RVU:** 0.00  
**2020 Fac PE RVU:**0.00

**RUC Recommendation:** PE Only

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

**95709** Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, each increment of 12-26 hours; with intermittent monitoring and maintenance **Global:** XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** October 2018

**Tab** 13 **Specialty Developing** AAN, ACNS  
**Recommendation:**

**First**  
**Identified:** May 2018

**2019 est**  
**Medicare**  
**Utilization:**

**2007 Work RVU:**  
**2007 NF PE RVU:**  
**2007 Fac PE RVU**  
**Result:** PE Only

**2020 Work RVU:** 0.00  
**2020 NF PE RVU:** 0.00  
**2020 Fac PE RVU:**0.00

**RUC Recommendation:** PE Only

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

**95710** Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, each increment of 12-26 hours; with continuous, real-time monitoring and maintenance **Global:** XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** October 2018

**Tab** 13 **Specialty Developing** AAN, ACNS  
**Recommendation:**

**First**  
**Identified:** May 2018

**2019 est**  
**Medicare**  
**Utilization:**

**2007 Work RVU:**  
**2007 NF PE RVU:**  
**2007 Fac PE RVU**  
**Result:** PE Only

**2020 Work RVU:** 0.00  
**2020 NF PE RVU:** 0.00  
**2020 Fac PE RVU:**0.00

**RUC Recommendation:** PE Only

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



## Status Report: CMS Requests and Relativity Assessment Issues

**95711** Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12 hours; unmonitored **Global:** XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** October 2018

**Tab 13** **Specialty Developing** AAN, ACNS  
**Recommendation:**

**First**  
**Identified:** May 2018

**2019 est**  
**Medicare**  
**Utilization:**

**2007 Work RVU:**  
**2007 NF PE RVU:**  
**2007 Fac PE RVU**  
**Result:** PE Only

**2020 Work RVU:** 0.00  
**2020 NF PE RVU:** 0.00  
**2020 Fac PE RVU:**0.00

**RUC Recommendation:** PE Only

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

**95712** Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12 hours; with intermittent monitoring and maintenance **Global:** XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** October 2018

**Tab 13** **Specialty Developing** AAN, ACNS  
**Recommendation:**

**First**  
**Identified:** May 2018

**2019 est**  
**Medicare**  
**Utilization:**

**2007 Work RVU:**  
**2007 NF PE RVU:**  
**2007 Fac PE RVU**  
**Result:** PE Only

**2020 Work RVU:** 0.00  
**2020 NF PE RVU:** 0.00  
**2020 Fac PE RVU:**0.00

**RUC Recommendation:** PE Only

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

**95713** Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12 hours; with continuous, real-time monitoring and maintenance **Global:** XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** October 2018

**Tab 13** **Specialty Developing** AAN, ACNS  
**Recommendation:**

**First**  
**Identified:** May 2018

**2019 est**  
**Medicare**  
**Utilization:**

**2007 Work RVU:**  
**2007 NF PE RVU:**  
**2007 Fac PE RVU**  
**Result:** PE Only

**2020 Work RVU:** 0.00  
**2020 NF PE RVU:** 0.00  
**2020 Fac PE RVU:**0.00

**RUC Recommendation:** PE Only

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

**95714** Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; unmonitored **Global:** XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** October 2018

**Tab 13** **Specialty Developing** AAN, ACNS  
**Recommendation:**

**First**  
**Identified:** May 2018

**2019 est**  
**Medicare**  
**Utilization:**

**2007 Work RVU:**  
**2007 NF PE RVU:**  
**2007 Fac PE RVU**  
**Result:** PE Only

**2020 Work RVU:** 0.00  
**2020 NF PE RVU:** 0.00  
**2020 Fac PE RVU:**0.00

**RUC Recommendation:** PE Only

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

## Status Report: CMS Requests and Relativity Assessment Issues

**95715** Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; with intermittent monitoring and maintenance **Global:** XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** October 2018

**Tab** 13 **Specialty Developing** AAN, ACNS  
**Recommendation:**

**First**  
**Identified:** May 2018

**2019 est**  
**Medicare**  
**Utilization:**

**2007 Work RVU:**  
**2007 NF PE RVU:**  
**2007 Fac PE RVU**  
**Result:** PE Only

**2020 Work RVU:** 0.00  
**2020 NF PE RVU:** 0.00  
**2020 Fac PE RVU:**0.00

**RUC Recommendation:** PE Only

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

**95716** Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; with continuous, real-time monitoring and maintenance **Global:** XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** October 2018

**Tab** 13 **Specialty Developing** AAN, ACNS  
**Recommendation:**

**First**  
**Identified:** May 2018

**2019 est**  
**Medicare**  
**Utilization:**

**2007 Work RVU:**  
**2007 NF PE RVU:**  
**2007 Fac PE RVU**  
**Result:** PE Only

**2020 Work RVU:** 0.00  
**2020 NF PE RVU:** 0.00  
**2020 Fac PE RVU:**0.00

**RUC Recommendation:** PE Only

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

**95717** Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation and report, 2-12 hours of EEG recording; without video **Global:** XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** October 2018

**Tab** 13 **Specialty Developing** AAN, ACNS  
**Recommendation:**

**First**  
**Identified:** May 2018

**2019 est**  
**Medicare**  
**Utilization:**

**2007 Work RVU:**  
**2007 NF PE RVU:**  
**2007 Fac PE RVU**  
**Result:** Decrease

**2020 Work RVU:** 2.00  
**2020 NF PE RVU:** 0.82  
**2020 Fac PE RVU:**0.78

**RUC Recommendation:** 2.00

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

## Status Report: CMS Requests and Relativity Assessment Issues

**95718** Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation and report, 2-12 hours of EEG recording; with video (VEEG) **Global:** XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

**Most Recent RUC Meeting:** October 2018

**Tab 13 Specialty Developing Recommendation:** AAN, ACNS

**First Identified:** May 2018

**2019 est Medicare Utilization:**

**2007 Work RVU:**

**2020 Work RVU:** 2.50

**2007 NF PE RVU:**

**2020 NF PE RVU:** 1.19

**2007 Fac PE RVU**

**2020 Fac PE RVU:**1.13

**Result:** Decrease

**RUC Recommendation:** 2.50

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**95719** Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, each increment of greater than 12 hours, up to 26 hours of EEG recording, interpretation and report after each 24-hour period; without video **Global:** XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

**Most Recent RUC Meeting:** October 2018

**Tab 13 Specialty Developing Recommendation:** AAN, ACNS

**First Identified:** May 2018

**2019 est Medicare Utilization:**

**2007 Work RVU:**

**2020 Work RVU:** 3.00

**2007 NF PE RVU:**

**2020 NF PE RVU:** 1.34

**2007 Fac PE RVU**

**2020 Fac PE RVU:**1.29

**Result:** Decrease

**RUC Recommendation:** 3.00

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**95720** Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, each increment of greater than 12 hours, up to 26 hours of EEG recording, interpretation and report after each 24-hour period; with video (VEEG) **Global:** XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

**Most Recent RUC Meeting:** October 2018

**Tab 13 Specialty Developing Recommendation:** AAN, ACNS

**First Identified:** May 2018

**2019 est Medicare Utilization:**

**2007 Work RVU:**

**2020 Work RVU:** 3.86

**2007 NF PE RVU:**

**2020 NF PE RVU:** 1.85

**2007 Fac PE RVU**

**2020 Fac PE RVU:**1.76

**Result:** Decrease

**RUC Recommendation:** 3.86

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

<b>95721</b>	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 36 hours, up to 60 hours of EEG recording, without video	<b>Global:</b> XXX	<b>Issue:</b> Long-Term EEG Monitoring	<b>Screen:</b> High Volume Growth4	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2018	<b>Tab</b> 13 <b>Specialty Developing Recommendation:</b> AAN, ACNS	<b>First Identified:</b> May 2018	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease	<b>2020 Work RVU:</b> 3.86 <b>2020 NF PE RVU:</b> 1.90 <b>2020 Fac PE RVU:</b> 1.78
<b>RUC Recommendation:</b> 3.86		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
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<b>95722</b>	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 36 hours, up to 60 hours of EEG recording, with video (VEEG)	<b>Global:</b> XXX	<b>Issue:</b> Long-Term EEG Monitoring	<b>Screen:</b> High Volume Growth4	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2018	<b>Tab</b> 13 <b>Specialty Developing Recommendation:</b> AAN, ACNS	<b>First Identified:</b> May 2018	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease	<b>2020 Work RVU:</b> 4.70 <b>2020 NF PE RVU:</b> 2.28 <b>2020 Fac PE RVU:</b> 2.15
<b>RUC Recommendation:</b> 4.70		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>					
<b>95723</b>	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 60 hours, up to 84 hours of EEG recording, without video	<b>Global:</b> XXX	<b>Issue:</b> Long-Term EEG Monitoring	<b>Screen:</b> High Volume Growth4	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2018	<b>Tab</b> 13 <b>Specialty Developing Recommendation:</b> AAN, ACNS	<b>First Identified:</b> May 2018	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease	<b>2020 Work RVU:</b> 4.75 <b>2020 NF PE RVU:</b> 2.37 <b>2020 Fac PE RVU:</b> 2.21
<b>RUC Recommendation:</b> 4.75		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

## Status Report: CMS Requests and Relativity Assessment Issues

<b>95724</b>	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 60 hours, up to 84 hours of EEG recording, with video (VEEG)	<b>Global:</b> XXX	<b>Issue:</b> Long-Term EEG Monitoring	<b>Screen:</b> High Volume Growth4	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2018	<b>Tab</b> 13 <b>Specialty Developing Recommendation:</b> AAN, ACNS	<b>First Identified:</b> May 2018	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease	<b>2020 Work RVU:</b> 6.00 <b>2020 NF PE RVU:</b> 2.92 <b>2020 Fac PE RVU:</b> 2.74
<b>RUC Recommendation:</b> 6.00		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
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<b>95725</b>	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 84 hours of EEG recording, without video	<b>Global:</b> XXX	<b>Issue:</b> Long-Term EEG Monitoring	<b>Screen:</b> High Volume Growth4	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2018	<b>Tab</b> 13 <b>Specialty Developing Recommendation:</b> AAN, ACNS	<b>First Identified:</b> May 2018	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease	<b>2020 Work RVU:</b> 5.40 <b>2020 NF PE RVU:</b> 2.73 <b>2020 Fac PE RVU:</b> 2.52
<b>RUC Recommendation:</b> 5.40		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>					
<b>95726</b>	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 84 hours of EEG recording, with video (VEEG)	<b>Global:</b> XXX	<b>Issue:</b> Long-Term EEG Monitoring	<b>Screen:</b> High Volume Growth4	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2018	<b>Tab</b> 13 <b>Specialty Developing Recommendation:</b> AAN, ACNS	<b>First Identified:</b> May 2018	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Decrease	<b>2020 Work RVU:</b> 7.58 <b>2020 NF PE RVU:</b> 3.69 <b>2020 Fac PE RVU:</b> 3.46
<b>RUC Recommendation:</b> 7.58		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

## Status Report: CMS Requests and Relativity Assessment Issues

**95800** Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time **Global:** XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing **Complete?** Yes

**Most Recent RUC Meeting:** April 2010

**Tab** 28

**Specialty Developing Recommendation:**

ACNS, AAN, ACCP/ATS, AASM

**First Identified:** October 2009

**2019 est Medicare Utilization:** 24,715

**2007 Work RVU:**

**2020 Work RVU:** 0.85

**2007 NF PE RVU:**

**2020 NF PE RVU:** 3.79

**2007 Fac PE RVU**

**2020 Fac PE RVU:**NA

**Result:** Decrease

**RUC Recommendation:** 1.05

**Referred to CPT** October 2009

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

**95801** Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (eg, by airflow or peripheral arterial tone) **Global:** XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing **Complete?** Yes

**Most Recent RUC Meeting:** April 2010

**Tab** 28

**Specialty Developing Recommendation:**

ACNS, AAN, ACCP/ATS, AASM

**First Identified:** October 2009

**2019 est Medicare Utilization:** 422

**2007 Work RVU:**

**2020 Work RVU:** 0.85

**2007 NF PE RVU:**

**2020 NF PE RVU:** 1.63

**2007 Fac PE RVU**

**2020 Fac PE RVU:**NA

**Result:** Decrease

**RUC Recommendation:** 1.00

**Referred to CPT** October 2009

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

**95803** Actigraphy testing, recording, analysis, interpretation, and report (minimum of 72 hours to 14 consecutive days of recording) **Global:** XXX **Issue:** Sleep Testing **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

**Most Recent RUC Meeting:** April 2010

**Tab** 28

**Specialty Developing Recommendation:**

ACNS, AAN, ACCP/ATS, AASM

**First Identified:** NA

**2019 est Medicare Utilization:** 232

**2007 Work RVU:**

**2020 Work RVU:** 0.90

**2007 NF PE RVU:**

**2020 NF PE RVU:** 3.28

**2007 Fac PE RVU**

**2020 Fac PE RVU:**NA

**Result:** Decrease

**RUC Recommendation:** 0.90 and New PE inputs

**Referred to CPT**

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

## Status Report: CMS Requests and Relativity Assessment Issues

**95805** Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness **Global:** XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2010

**Tab** 28

**Specialty Developing**  
**Recommendation:**

ACNS, AAN,  
ACCP/ATS,  
AASM

**First**  
**Identified:** October 2009

**2019 est**  
**Medicare**  
**Utilization:** 3,017

**2007 Work RVU:** 1.88

**2020 Work RVU:** 1.20

**2007 NF PE RVU:** 14.7

**2020 NF PE RVU:** 10.37

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**NA

**Result:** Decrease

**RUC Recommendation:** 1.20

**Referred to CPT** October 2009

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

**95806** Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort (eg, thoracoabdominal movement)

**Global:** XXX

**Issue:** Sleep Testing

**Screen:** CMS Fastest Growing

**Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2010

**Tab** 28

**Specialty Developing**  
**Recommendation:**

ACNS, AAN,  
ACCP/ATS,  
AASM

**First**  
**Identified:** October 2009

**2019 est**  
**Medicare**  
**Utilization:** 80,376

**2007 Work RVU:** 1.66

**2020 Work RVU:** 0.93

**2007 NF PE RVU:** 3.46

**2020 NF PE RVU:** 2.33

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**NA

**Result:** Decrease

**RUC Recommendation:** 1.28

**Referred to CPT** October 2009

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

**95807** Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, attended by a technologist

**Global:** XXX

**Issue:** Sleep Testing

**Screen:** CMS Fastest Growing

**Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2010

**Tab** 28

**Specialty Developing**  
**Recommendation:**

ACNS, AAN,  
ACCP/ATS,  
AASM

**First**  
**Identified:** October 2009

**2019 est**  
**Medicare**  
**Utilization:** 3,278

**2007 Work RVU:** 1.66

**2020 Work RVU:** 1.28

**2007 NF PE RVU:** 11.82

**2020 NF PE RVU:** 10.07

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**NA

**Result:** Decrease

**RUC Recommendation:** 1.25

**Referred to CPT** October 2009

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

# Status Report: CMS Requests and Relativity Assessment Issues

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<b>95808</b>	<b>Polysomnography; any age, sleep staging with 1-3 additional parameters of sleep, attended by a technologist</b>	<b>Global:</b> XXX	<b>Issue:</b> Sleep Testing	<b>Screen:</b> CMS Fastest Growing	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2010	<b>Tab 28</b>	<b>Specialty Developing Recommendation:</b> ACNS, AAN, ACCP/ATS, AASM	<b>First Identified:</b> October 2009	<b>2019 est Medicare Utilization:</b> 1,197	<b>2007 Work RVU:</b> 2.65 <b>2007 NF PE RVU:</b> 13.79 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 1.74			<b>Referred to CPT</b> October 2009 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> 1.74 <b>2020 NF PE RVU:</b> 16.53 <b>2020 Fac PE RVU:</b> NA

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<b>95810</b>	<b>Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist</b>	<b>Global:</b> XXX	<b>Issue:</b> Sleep Testing	<b>Screen:</b> CMS Fastest Growing / MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2010	<b>Tab 28</b>	<b>Specialty Developing Recommendation:</b> ACNS, AAN, ACCP/ATS, AASM	<b>First Identified:</b> February 2010	<b>2019 est Medicare Utilization:</b> 272,131	<b>2007 Work RVU:</b> 3.52 <b>2007 NF PE RVU:</b> 17.54 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 2.50			<b>Referred to CPT</b> October 2009 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> 2.50 <b>2020 NF PE RVU:</b> 14.51 <b>2020 Fac PE RVU:</b> NA

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<b>95811</b>	<b>Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel ventilation, attended by a technologist</b>	<b>Global:</b> XXX	<b>Issue:</b> Sleep Testing	<b>Screen:</b> CMS Fastest Growing	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2010	<b>Tab 28</b>	<b>Specialty Developing Recommendation:</b> ACNS, AAN, ACCP/ATS, AASM	<b>First Identified:</b> October 2009	<b>2019 est Medicare Utilization:</b> 333,381	<b>2007 Work RVU:</b> 3.79 <b>2007 NF PE RVU:</b> 19.32 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 2.60			<b>Referred to CPT</b> October 2009 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> 2.60 <b>2020 NF PE RVU:</b> 15.18 <b>2020 Fac PE RVU:</b> NA

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# Status Report: CMS Requests and Relativity Assessment Issues

<b>95812</b>	<b>Electroencephalogram (EEG) extended monitoring; 41-60 minutes</b>	<b>Global:</b> XXX	<b>Issue:</b> Long-Term EEG Monitoring	<b>Screen:</b> CMS Request - Final Rule for 2016	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2018	<b>Tab 13</b>	<b>Specialty Developing Recommendation:</b> AAN, ACNS	<b>First Identified:</b> July 2015	<b>2019 est Medicare Utilization:</b> 24,822	<b>2007 Work RVU:</b> 1.08 <b>2007 NF PE RVU:</b> 4.49 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 1.08			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> 1.08 <b>2020 NF PE RVU:</b> 8.13 <b>2020 Fac PE RVU:</b> NA
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<b>95813</b>	<b>Electroencephalogram (EEG) extended monitoring; 61-119 minutes</b>	<b>Global:</b> XXX	<b>Issue:</b> Long-Term EEG Monitoring	<b>Screen:</b> CMS Request - Final Rule for 2016	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2018	<b>Tab 13</b>	<b>Specialty Developing Recommendation:</b> AAN, ACNS	<b>First Identified:</b> July 2015	<b>2019 est Medicare Utilization:</b> 31,299	<b>2007 Work RVU:</b> 1.73 <b>2007 NF PE RVU:</b> 5.4 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 1.63			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> 1.63 <b>2020 NF PE RVU:</b> 9.79 <b>2020 Fac PE RVU:</b> NA
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<b>95816</b>	<b>Electroencephalogram (EEG); including recording awake and drowsy</b>	<b>Global:</b> XXX	<b>Issue:</b> Electroencephalogram	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2012	<b>Tab 22</b>	<b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> January 2012	<b>2019 est Medicare Utilization:</b> 278,212	<b>2007 Work RVU:</b> 1.08 <b>2007 NF PE RVU:</b> 4.1 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 1.08			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> 1.08 <b>2020 NF PE RVU:</b> 9.14 <b>2020 Fac PE RVU:</b> NA
<hr/>					
<b>95819</b>	<b>Electroencephalogram (EEG); including recording awake and asleep</b>	<b>Global:</b> XXX	<b>Issue:</b> Electroencephalogram	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2012	<b>Tab 22</b>	<b>Specialty Developing Recommendation:</b> AAN, ACNS	<b>First Identified:</b> September 2011	<b>2019 est Medicare Utilization:</b> 202,028	<b>2007 Work RVU:</b> 1.08 <b>2007 NF PE RVU:</b> 3.76 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 1.08			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> 1.08 <b>2020 NF PE RVU:</b> 11.05 <b>2020 Fac PE RVU:</b> NA
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# Status Report: CMS Requests and Relativity Assessment Issues

**95822** Electroencephalogram (EEG); recording in coma or sleep only **Global:** XXX **Issue:** Electroencephalogram **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

**Most Recent RUC Meeting:** October 2012 **Tab** 22 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** January 2012 **2019 est Medicare Utilization:** 26,955 **2007 Work RVU:** 1.08 **2020 Work RVU:** 1.08 **2007 NF PE RVU:** 4.82 **2020 NF PE RVU:** 9.91 **2007 Fac PE RVU:** NA **2020 Fac PE RVU:** NA **Result:** Maintain

**RUC Recommendation:** 1.08 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**95827** Electroencephalogram (EEG); all night recording **Global:** **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

**Most Recent RUC Meeting:** October 2018 **Tab** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2019 est Medicare Utilization:** 5,020 **2007 Work RVU:** 1.08 **2020 Work RVU:** **2007 NF PE RVU:** 4.89 **2020 NF PE RVU:** **2007 Fac PE RVU:** NA **2020 Fac PE RVU:** **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**95831** Muscle testing, manual (separate procedure) with report; extremity (excluding hand) or trunk **Global:** **Issue:** Muscle Testing **Screen:** High Volume Growth3 / CMS-Other - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** April 2018 **Tab** 33 **Specialty Developing Recommendation:** AAN, AANEM, AAPM, AAPMR, ACP, APTA **First Identified:** October 2015 **2019 est Medicare Utilization:** 79,780 **2007 Work RVU:** 0.28 **2020 Work RVU:** **2007 NF PE RVU:** 0.44 **2020 NF PE RVU:** **2007 Fac PE RVU:** 0.12 **2020 Fac PE RVU:** **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** September 2018 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**95832** Muscle testing, manual (separate procedure) with report; hand, with or without comparison with normal side **Global:** **Issue:** Muscle Testing **Screen:** High Volume Growth3 / CMS-Other - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** April 2018

**Tab** 33

**Specialty Developing Recommendation:** AAN, AANEM, AAPM, AAPMR, ACP, APTA

**First Identified:** October 2017

**2019 est Medicare Utilization:** 11,062

**2007 Work RVU:** 0.29

**2020 Work RVU:**

**2007 NF PE RVU:** 0.34

**2020 NF PE RVU:**

**2007 Fac PE RVU** 0.12

**2020 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** September 2018

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

**Result:** Deleted from CPT

**95833** Muscle testing, manual (separate procedure) with report; total evaluation of body, excluding hands **Global:** **Issue:** Muscle Testing **Screen:** High Volume Growth3 / CMS-Other - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** April 2018

**Tab** 33

**Specialty Developing Recommendation:** AAN, AANEM, AAPM, AAPMR, ACP, APTA

**First Identified:** October 2017

**2019 est Medicare Utilization:** 867

**2007 Work RVU:** 0.47

**2020 Work RVU:**

**2007 NF PE RVU:** 0.55

**2020 NF PE RVU:**

**2007 Fac PE RVU** 0.21

**2020 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** September 2018

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

**Result:** Deleted from CPT

**95834** Muscle testing, manual (separate procedure) with report; total evaluation of body, including hands **Global:** **Issue:** Muscle Testing **Screen:** High Volume Growth3 / CMS-Other - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** April 2018

**Tab** 33

**Specialty Developing Recommendation:** AAN, AANEM, AAPM, AAPMR, ACP, APTA

**First Identified:** October 2017

**2019 est Medicare Utilization:** 605

**2007 Work RVU:** 0.60

**2020 Work RVU:**

**2007 NF PE RVU:** 0.61

**2020 NF PE RVU:**

**2007 Fac PE RVU** 0.26

**2020 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** September 2018

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

**Result:** Deleted from CPT

## Status Report: CMS Requests and Relativity Assessment Issues

<b>95860</b>	<b>Needle electromyography; 1 extremity with or without related paraspinal areas</b>	<b>Global:</b> XXX	<b>Issue:</b> EMG in Conjunction with Nerve Testing	<b>Screen:</b> Harvard Valued - Utilization over 100,000 / Codes Reported Together 75% or More-Part1 / Harvard-Valued Annual Allowed Charges over \$10 million	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab</b> 32	<b>Specialty Developing Recommendation:</b> AAN, AAPMR, AANEM, APTA	<b>First Identified:</b> October 2009	<b>2019 est Medicare Utilization:</b> 2,418	<b>2007 Work RVU:</b> 0.96 <b>2007 NF PE RVU:</b> 1.36 <b>2007 Fac PE RVU</b> NA <b>2020 Work RVU:</b> 0.96 <b>2020 NF PE RVU:</b> 2.38 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.96			<b>Referred to CPT</b> February 2011 & October 2011	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>
				<b>Result:</b> Maintain	

<b>95861</b>	<b>Needle electromyography; 2 extremities with or without related paraspinal areas</b>	<b>Global:</b> XXX	<b>Issue:</b> EMG in Conjunction with Nerve Testing	<b>Screen:</b> Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab</b> 32	<b>Specialty Developing Recommendation:</b> AAN, AAPMR, AANEM, APTA	<b>First Identified:</b> February 2010	<b>2019 est Medicare Utilization:</b> 44,204	<b>2007 Work RVU:</b> 1.54 <b>2007 NF PE RVU:</b> 1.48 <b>2007 Fac PE RVU</b> NA <b>2020 Work RVU:</b> 1.54 <b>2020 NF PE RVU:</b> 3.24 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 1.54			<b>Referred to CPT</b> February 2011 & October 2011 & February 2012	<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>
				<b>Result:</b> Maintain	

# Status Report: CMS Requests and Relativity Assessment Issues

**95863** Needle electromyography; 3 extremities with or without related paraspinal areas **Global:** XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** February 2010 **2019 est Medicare Utilization:** 157 **2007 Work RVU:** 1.87 **2020 Work RVU:** 1.87 **2007 NF PE RVU:** 1.79 **2020 NF PE RVU:** 4.06 **2007 Fac PE RVU** NA **2020 Fac PE RVU:**NA

**RUC Recommendation:** 1.87 **Referred to CPT** February 2011 & October 2011 **Result:** Maintain **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**95864** Needle electromyography; 4 extremities with or without related paraspinal areas **Global:** XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** February 2010 **2019 est Medicare Utilization:** 1,620 **2007 Work RVU:** 1.99 **2020 Work RVU:** 1.99 **2007 NF PE RVU:** 2.53 **2020 NF PE RVU:** 4.98 **2007 Fac PE RVU** NA **2020 Fac PE RVU:**NA

**RUC Recommendation:** 1.99 **Referred to CPT** February 2011 & October 2011 **Result:** Maintain **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**95867** Needle electromyography; cranial nerve supplied muscle(s), unilateral **Global:** XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2019 est Medicare Utilization:** 1,113 **2007 Work RVU:** 0.79 **2020 Work RVU:** 0.79 **2007 NF PE RVU:** 0.98 **2020 NF PE RVU:** 2.20 **2007 Fac PE RVU** NA **2020 Fac PE RVU:**NA

**RUC Recommendation:** 0.79 **Referred to CPT** October 2011 **Result:** Maintain **Referred to CPT Asst** ☐ **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

<b>95868</b>	<b>Needle electromyography; cranial nerve supplied muscles, bilateral</b>	<b>Global:</b> XXX	<b>Issue:</b> EMG in Conjunction with Nerve Testing	<b>Screen:</b> Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab</b> 32	<b>Specialty Developing Recommendation:</b> AAN, AAPMR, AANEM, APTA	<b>First Identified:</b>	<b>2019 est Medicare Utilization:</b> 5,630	<b>2007 Work RVU:</b> 1.18 <b>2007 NF PE RVU:</b> 1.26 <b>2007 Fac PE RVU</b> NA <b>2020 Work RVU:</b> 1.18 <b>2020 NF PE RVU:</b> 2.76 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 1.18			<b>Referred to CPT</b> October 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Maintain
<b>95869</b>	<b>Needle electromyography; thoracic paraspinal muscles (excluding T1 or T12)</b>	<b>Global:</b> XXX	<b>Issue:</b> EMG in Conjunction with Nerve Testing	<b>Screen:</b> Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab</b> 32	<b>Specialty Developing Recommendation:</b> AAN, AAPMR, AANEM, APTA	<b>First Identified:</b> October 2011	<b>2019 est Medicare Utilization:</b> 447	<b>2007 Work RVU:</b> 0.37 <b>2007 NF PE RVU:</b> 0.53 <b>2007 Fac PE RVU</b> NA <b>2020 Work RVU:</b> 0.37 <b>2020 NF PE RVU:</b> 2.31 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.37			<b>Referred to CPT</b> October 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Maintain
<b>95870</b>	<b>Needle electromyography; limited study of muscles in 1 extremity or non-limb (axial) muscles (unilateral or bilateral), other than thoracic paraspinal, cranial nerve supplied muscles, or sphincters</b>	<b>Global:</b> XXX	<b>Issue:</b> EMG in Conjunction with Nerve Testing	<b>Screen:</b> Codes Reported Together 75% or More-Part1 / Negative IWPUT	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2017	<b>Tab</b> 19	<b>Specialty Developing Recommendation:</b> AAN, AAPMR, AANEM, APTA	<b>First Identified:</b> October 2011	<b>2019 est Medicare Utilization:</b> 52,835	<b>2007 Work RVU:</b> 0.37 <b>2007 NF PE RVU:</b> 0.53 <b>2007 Fac PE RVU</b> NA <b>2020 Work RVU:</b> 0.37 <b>2020 NF PE RVU:</b> 2.16 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.37			<b>Referred to CPT</b> October 2011 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Maintain

# Status Report: CMS Requests and Relativity Assessment Issues

95885	Needle electromyography, each extremity, with related paraspinal areas, when performed, done with nerve conduction, amplitude and latency/velocity study; limited (List separately in addition to code for primary procedure)	Global: ZZZ	Issue: EMG in Conjunction with Nerve Testing	Screen: Codes Reported Together 75% or More-Part1	Complete? Yes	
Most Recent RUC Meeting: April 2011	Tab 20	Specialty Developing Recommendation: AAN, AAPMR, AANEM, ACNS, APTA	First Identified: February 2010	2019 est Medicare Utilization: 141,249	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU	2020 Work RVU: 0.35 2020 NF PE RVU: 1.41 2020 Fac PE RVU:NA
RUC Recommendation: 0.35			Referred to CPT February 2011 and October 2011	Result: Decrease		
			Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

95886	Needle electromyography, each extremity, with related paraspinal areas, when performed, done with nerve conduction, amplitude and latency/velocity study; complete, five or more muscles studied, innervated by three or more nerves or four or more spinal levels (List separately in addition to code for primary procedure)	Global: ZZZ	Issue: EMG in Conjunction with Nerve Testing	Screen: Codes Reported Together 75% or More-Part1	Complete? Yes	
Most Recent RUC Meeting: April 2011	Tab 20	Specialty Developing Recommendation: AAN, AAPMR, AANEM, ACNS, APTA	First Identified: February 2010	2019 est Medicare Utilization: 962,501	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU	2020 Work RVU: 0.86 2020 NF PE RVU: 1.86 2020 Fac PE RVU:NA
RUC Recommendation: 0.92			Referred to CPT February 2011 and October 2011	Result: Decrease		
			Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

95887	Needle electromyography, non-extremity (cranial nerve supplied or axial) muscle(s) done with nerve conduction, amplitude and latency/velocity study (List separately in addition to code for primary procedure)	Global: ZZZ	Issue: EMG in Conjunction with Nerve Testing	Screen: Codes Reported Together 75% or More-Part1	Complete? Yes	
Most Recent RUC Meeting: April 2011	Tab 20	Specialty Developing Recommendation: AAN, AAPMR, AANEM, ACNS, APTA	First Identified: February 2010	2019 est Medicare Utilization: 14,870	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU	2020 Work RVU: 0.71 2020 NF PE RVU: 1.66 2020 Fac PE RVU:NA
RUC Recommendation: 0.73			Referred to CPT February 2011 and October 2011	Result: Decrease		
			Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

# Status Report: CMS Requests and Relativity Assessment Issues

**95900** Nerve conduction, amplitude and latency/velocity study, each nerve; motor, without F-wave study **Global:** **Issue:** EMG in Conjunction with Nerve Testing **Screen:** MPC List / Codes Reported Together 75% or More-Part1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2012

**Tab** 32

**Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA

**First Identified:** October 2010

**2019 est Medicare Utilization:**

**2007 Work RVU:** 0.42  
**2007 NF PE RVU:** 1.18  
**2007 Fac PE RVU** NA

**2020 Work RVU:**  
**2020 NF PE RVU:**  
**2020 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2011& February 2012

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

**Result:** Deleted from CPT

**95903** Nerve conduction, amplitude and latency/velocity study, each nerve; motor, with F-wave study **Global:** **Issue:** EMG in Conjunction with Nerve Testing **Screen:** CMS High Expenditure Procedural Codes1 / Codes Reported Together 75% or More-Part1 **Complete?** Yes

**Most Recent RUC Meeting:** April 2012

**Tab** 32

**Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA

**First Identified:** September 2011

**2019 est Medicare Utilization:**

**2007 Work RVU:** 0.60  
**2007 NF PE RVU:** 1.15  
**2007 Fac PE RVU** NA

**2020 Work RVU:**  
**2020 NF PE RVU:**  
**2020 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2011 and February 2012 & February 2012

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

**Result:** Deleted from CPT

**95904** Nerve conduction, amplitude and latency/velocity study, each nerve; sensory **Global:** **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 / Low Value-Billed in Multiple Units **Complete?** Yes

**Most Recent RUC Meeting:** April 2012

**Tab** 32

**Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA

**First Identified:** February 2010

**2019 est Medicare Utilization:**

**2007 Work RVU:** 0.34  
**2007 NF PE RVU:** 1.03  
**2007 Fac PE RVU** NA

**2020 Work RVU:**  
**2020 NF PE RVU:**  
**2020 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** February 2011 & October 2011 & February 2012

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

**Result:** Deleted from CPT



## Status Report: CMS Requests and Relativity Assessment Issues

### 95907 Nerve conduction studies; 1-2 studies

Global: XXX

Issue: EMG in Conjunction with Nerve Testing

Screen: Codes Reported Together 75% or More-Part1

Complete? Yes

Most Recent  
RUC Meeting: April 2012

Tab 32

Specialty Developing  
Recommendation:

AAN,  
AAPMR,  
AANEM,  
APTA

First  
Identified:

2019 est  
Medicare  
Utilization: 6,263

2007 Work RVU:

2007 NF PE RVU:

2007 Fac PE RVU

2020 Work RVU: 1.00

2020 NF PE RVU: 1.65

2020 Fac PE RVU:NA

RUC Recommendation: 1.00

Referred to CPT February 2012

Referred to CPT Asst ☐ Published in CPT Asst:

Result: Decrease

### 95908 Nerve conduction studies; 3-4 studies

Global: XXX

Issue: EMG in Conjunction with Nerve Testing

Screen: Codes Reported Together 75% or More-Part1

Complete? Yes

Most Recent  
RUC Meeting: April 2012

Tab 32

Specialty Developing  
Recommendation:

AAN,  
AAPMR,  
AANEM,  
APTA

First  
Identified:

2019 est  
Medicare  
Utilization: 58,348

2007 Work RVU:

2007 NF PE RVU:

2007 Fac PE RVU

2020 Work RVU: 1.25

2020 NF PE RVU: 2.13

2020 Fac PE RVU:NA

RUC Recommendation: 1.37

Referred to CPT February 2012

Referred to CPT Asst ☐ Published in CPT Asst:

Result: Decrease

### 95909 Nerve conduction studies; 5-6 studies

Global: XXX

Issue: EMG in Conjunction with Nerve Testing

Screen: Codes Reported Together 75% or More-Part1

Complete? Yes

Most Recent  
RUC Meeting: April 2012

Tab 32

Specialty Developing  
Recommendation:

AAN,  
AAPMR,  
AANEM,  
APTA

First  
Identified:

2019 est  
Medicare  
Utilization: 134,007

2007 Work RVU:

2007 NF PE RVU:

2007 Fac PE RVU

2020 Work RVU: 1.50

2020 NF PE RVU: 2.55

2020 Fac PE RVU:NA

RUC Recommendation: 1.77

Referred to CPT February 2012

Referred to CPT Asst ☐ Published in CPT Asst:

Result: Decrease

## Status Report: CMS Requests and Relativity Assessment Issues

### 95910 Nerve conduction studies; 7-8 studies

Global: XXX

Issue: EMG in Conjunction with Nerve Testing

Screen: Codes Reported Together 75% or More-Part1

Complete? Yes

Most Recent  
RUC Meeting: April 2012

Tab 32

Specialty Developing  
Recommendation:

AAN,  
AAPMR,  
AANEM,  
APTA

First  
Identified:

2019 est  
Medicare  
Utilization: 157,766

2007 Work RVU:

2020 Work RVU: 2.00

2007 NF PE RVU:

2020 NF PE RVU: 3.32

2007 Fac PE RVU

2020 Fac PE RVU:NA

RUC Recommendation: 2.80

Referred to CPT February 2012

Referred to CPT Asst ☐ Published in CPT Asst:

Result: Decrease

### 95911 Nerve conduction studies; 9-10 studies

Global: XXX

Issue: EMG in Conjunction with Nerve Testing

Screen: Codes Reported Together 75% or More-Part1

Complete? Yes

Most Recent  
RUC Meeting: April 2012

Tab 32

Specialty Developing  
Recommendation:

AAN,  
AAPMR,  
AANEM,  
APTA

First  
Identified:

2019 est  
Medicare  
Utilization: 175,960

2007 Work RVU:

2020 Work RVU: 2.50

2007 NF PE RVU:

2020 NF PE RVU: 3.89

2007 Fac PE RVU

2020 Fac PE RVU:NA

RUC Recommendation: 3.34

Referred to CPT February 2012

Referred to CPT Asst ☐ Published in CPT Asst:

Result: Decrease

### 95912 Nerve conduction studies; 11-12 studies

Global: XXX

Issue: EMG in Conjunction with Nerve Testing

Screen: Codes Reported Together 75% or More-Part1

Complete? Yes

Most Recent  
RUC Meeting: April 2012

Tab 32

Specialty Developing  
Recommendation:

AAN,  
AAPMR,  
AANEM,  
APTA

First  
Identified:

2019 est  
Medicare  
Utilization: 78,978

2007 Work RVU:

2020 Work RVU: 3.00

2007 NF PE RVU:

2020 NF PE RVU: 4.30

2007 Fac PE RVU

2020 Fac PE RVU:NA

RUC Recommendation: 4.00

Referred to CPT February 2012

Referred to CPT Asst ☐ Published in CPT Asst:

Result: Decrease

# Status Report: CMS Requests and Relativity Assessment Issues

**95913** Nerve conduction studies; 13 or more studies

**Global:** XXX

**Issue:** EMG in Conjunction with Nerve Testing

**Screen:** Codes Reported Together 75% or More-Part1

**Complete?** Yes

**Most Recent RUC Meeting:** April 2012

**Tab** 32

**Specialty Developing Recommendation:**

AAN, AAPMR, AANEM, APTA

**First Identified:**

**2019 est Medicare Utilization:** 81,707

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

**2020 Work RVU:** 3.56  
**2020 NF PE RVU:** 4.89  
**2020 Fac PE RVU:** NA

**RUC Recommendation:** 4.20

**Referred to CPT** February 2012

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

**Result:** Decrease

**95921** Testing of autonomic nervous system function; cardiovagal innervation (parasympathetic function), including 2 or more of the following: heart rate response to deep breathing with recorded R-R interval, Valsalva ratio, and 30:15 ratio

**Global:** XXX

**Issue:** Autonomic Function Testing

**Screen:** Different Performing Specialty from Survey / Codes Reported Together 75% or More-Part1 / Different Performing Specialty from Survey3

**Complete?** Yes

**Most Recent RUC Meeting:** January 2020

**Tab** 37

**Specialty Developing Recommendation:**

AAFP, AAN, AANEM, ACNS, ACP

**First Identified:** October 2009

**2019 est Medicare Utilization:** 54,178

**2007 Work RVU:** 0.90  
**2007 NF PE RVU:** 0.82  
**2007 Fac PE RVU** NA

**2020 Work RVU:** 0.90  
**2020 NF PE RVU:** 1.49  
**2020 Fac PE RVU:** NA

**RUC Recommendation:** Refer to CPT Assistant. 0.90

**Referred to CPT** February 2012

**Referred to CPT Asst** ☒ **Published in CPT Asst:** Sep 2020

**Result:** Maintain

**95922** Testing of autonomic nervous system function; vasomotor adrenergic innervation (sympathetic adrenergic function), including beat-to-beat blood pressure and R-R interval changes during Valsalva maneuver and at least 5 minutes of passive tilt

**Global:** XXX

**Issue:** Autonomic Function Testing

**Screen:** High Volume Growth1 / CMS Fastest Growing / Different Performing Specialty from Survey / Codes Reported Together 75% or More-Part1

**Complete?** Yes

**Most Recent RUC Meeting:** January 2020

**Tab** 37

**Specialty Developing Recommendation:**

AAFP, AAN, AANEM, ACNS, ACP

**First Identified:** February 2008

**2019 est Medicare Utilization:** 2,986

**2007 Work RVU:** 0.96  
**2007 NF PE RVU:** 1  
**2007 Fac PE RVU** NA

**2020 Work RVU:** 0.96  
**2020 NF PE RVU:** 1.76  
**2020 Fac PE RVU:** NA

**RUC Recommendation:** Refer to CPT Assistant. 0.96

**Referred to CPT** February 2012

**Referred to CPT Asst** ☒ **Published in CPT Asst:** Dec 2008; Sep 2020

**Result:** Maintain

# Status Report: CMS Requests and Relativity Assessment Issues

95923	Testing of autonomic nervous system function; sudomotor, including 1 or more of the following: quantitative sudomotor axon reflex test (QSART), silastic sweat imprint, thermoregulatory sweat test, and changes in sympathetic skin potential			Global: XXX	Issue: Autonomic Function Testing	Screen: Codes Reported Together 75% or More-Part1 / High Volume Growth6	Complete? No						
Most Recent RUC Meeting:	January 2020	Tab 37	Specialty Developing Recommendation:	AAFP, AAN, AANEM, ACNS, ACP	First Identified:	October 2019	2019 est Medicare Utilization: 114,086	2007 Work RVU: 0.90	2020 Work RVU: 0.90	2007 NF PE RVU: 1.99	2020 NF PE RVU: 2.68	2007 Fac PE RVU NA	2020 Fac PE RVU:NA
RUC Recommendation:					Refer to CPT Assistant. 0.90				Referred to CPT Referred to CPT Asst <input checked="" type="checkbox"/> Published in CPT Asst: Sep 2020				
Result: Maintain													

95924	Testing of autonomic nervous system function; combined parasympathetic and sympathetic adrenergic function testing with at least 5 minutes of passive tilt			Global: XXX	Issue: Autonomic Function Testing	Screen: Codes Reported Together 75% or More-Part1	Complete? Yes
Most Recent RUC Meeting:	January 2020	Tab 37	Specialty Developing Recommendation:	AAFP, AAN, AANEM, ACNS, ACP	First Identified:	2019 est Medicare Utilization: 21,055	2007 Work RVU: 2020 Work RVU: 1.73 2007 NF PE RVU: 2020 NF PE RVU: 2.42 2007 Fac PE RVU 2020 Fac PE RVU:NA
RUC Recommendation: Refer to CPT Assistant. 1.73			Referred to CPT February 2012 Referred to CPT Asst <input checked="" type="checkbox"/> Published in CPT Asst: Sep 2020				

95925	Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in upper limbs			Global: XXX	Issue: Evoked Potentials and Reflex Studies	Screen: Codes Reported Together 75% or More-Part1 / CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013	Complete? Yes
Most Recent RUC Meeting:	January 2013	Tab 34	Specialty Developing Recommendation: AAN, AANEM, ACNS, AAPMR	First Identified:	February 2010	2019 est Medicare Utilization: 5,861	2007 Work RVU: 0.54 2007 NF PE RVU: 1.63 2007 Fac PE RVU: NA 2020 Work RVU: 0.54 2020 NF PE RVU: 3.36 2020 Fac PE RVU: NA
RUC Recommendation: 0.54 and New PE Inputs				Referred to CPT		October 2010	Result: Maintain
				Referred to CPT Asst		<input type="checkbox"/>	Published in CPT Asst:

## Status Report: CMS Requests and Relativity Assessment Issues

<b>95926</b>	<b>Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in lower limbs</b>	<b>Global:</b> XXX	<b>Issue:</b> Evoked Potentials and Reflex Studies	<b>Screen:</b> Codes Reported Together 75% or More-Part1/ CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2013	<b>Tab</b> 34	<b>Specialty Developing Recommendation:</b> AAN, AANEM, ACNS, AAPMR	<b>First Identified:</b> February 2010	<b>2019 est Medicare Utilization:</b> 6,658	<b>2007 Work RVU:</b> 0.54 <b>2007 NF PE RVU:</b> 1.59 <b>2007 Fac PE RVU</b> NA <b>2020 Work RVU:</b> 0.54 <b>2020 NF PE RVU:</b> 3.18 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.54 and New PE Inputs			<b>Referred to CPT</b> October 2010 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		<b>Result:</b> Maintain

<b>95928</b>	<b>Central motor evoked potential study (transcranial motor stimulation); upper limbs</b>	<b>Global:</b> XXX	<b>Issue:</b> Evoked Potentials and Reflex Studies	<b>Screen:</b> Codes Reported Together 75% or More-Part1 / CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2013	<b>Tab</b> 36	<b>Specialty Developing Recommendation:</b> AAN, AANEM, AAPMR, ACNS	<b>First Identified:</b> February 2010	<b>2019 est Medicare Utilization:</b> 325	<b>2007 Work RVU:</b> 1.50 <b>2007 NF PE RVU:</b> 3.25 <b>2007 Fac PE RVU</b> NA <b>2020 Work RVU:</b> 1.50 <b>2020 NF PE RVU:</b> 4.81 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 1.50			<b>Referred to CPT</b> October 2010 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		<b>Result:</b> Maintain

# Status Report: CMS Requests and Relativity Assessment Issues

**95929** Central motor evoked potential study (transcranial motor stimulation); lower limbs **Global:** XXX **Issue:** Evoked Potentials and Reflex Studies **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013 **Complete?** Yes

**Most Recent RUC Meeting:** April 2013

**Tab** 36

**Specialty Developing Recommendation:** AAN, AANEM, AAPMR, ACNS

**First Identified:** February 2010

**2019 est Medicare Utilization:** 1,333

**2007 Work RVU:** 1.50

**2020 Work RVU:** 1.50

**2007 NF PE RVU:** 3.48

**2020 NF PE RVU:** 5.00

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**NA

**RUC Recommendation:** 1.50

**Referred to CPT** October 2010

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

**Result:** Maintain

**95930** Visual evoked potential (VEP) checkerboard or flash testing, central nervous system except glaucoma, with interpretation and report

**Global:** XXX

**Issue:** Visual Evoked Potential Testing

**Screen:** High Volume Growth3

**Complete?** Yes

**Most Recent RUC Meeting:** October 2016

**Tab** 11

**Specialty Developing Recommendation:** AAO, AOA (optometry), ACNS

**First Identified:** October 2015

**2019 est Medicare Utilization:** 53,881

**2007 Work RVU:** 0.35

**2020 Work RVU:** 0.35

**2007 NF PE RVU:** 2.34

**2020 NF PE RVU:** 1.51

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**NA

**RUC Recommendation:** 0.35

**Referred to CPT** May 2016

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

**Result:** Maintain

**95934** H-reflex, amplitude and latency study; record gastrocnemius/soleus muscle

**Global:**

**Issue:** EMG in Conjunction with Nerve Testing

**Screen:** Codes Reported Together 75% or More-Part1

**Complete?** Yes

**Most Recent RUC Meeting:** April 2012

**Tab** 32

**Specialty Developing Recommendation:**

**First Identified:**

**2019 est Medicare Utilization:**

**2007 Work RVU:** 0.51

**2020 Work RVU:**

**2007 NF PE RVU:** 0.55

**2020 NF PE RVU:**

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** October 2011 & February 2012

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

**Result:** Deleted from CPT

# Status Report: CMS Requests and Relativity Assessment Issues

<b>95936</b>	<b>H-reflex, amplitude and latency study; record muscle other than gastrocnemius/soleus muscle</b>		<b>Global:</b>	<b>Issue:</b> EMG in Conjunction with Nerve Testing	<b>Screen:</b> Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2012	<b>Tab 32</b>	<b>Specialty Developing Recommendation:</b>	<b>First Identified:</b>	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> 0.55 <b>2007 NF PE RVU:</b> 0.49 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Deleted from CPT	<b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> October 2011 & February 2012 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>95938</b>	<b>Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in upper and lower limbs</b>		<b>Global:</b> XXX	<b>Issue:</b> Evoked Potentials and Reflex Studies	<b>Screen:</b> Codes Reported Together 75% or More-Part1 / CMS Request - Final Rule for 2013	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2013	<b>Tab 34</b>	<b>Specialty Developing Recommendation:</b> AAN, AANEM, AAPMR, ACNS	<b>First Identified:</b> January 2013	<b>2019 est Medicare Utilization:</b> 90,204	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b>	<b>2020 Work RVU:</b> 0.86 <b>2020 NF PE RVU:</b> 8.92 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.86 and new PE inputs			<b>Referred to CPT</b> October 2010 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease	
<b>95939</b>	<b>Central motor evoked potential study (transcranial motor stimulation); in upper and lower limbs</b>		<b>Global:</b> XXX	<b>Issue:</b> Evoked Potentials and Reflex Studies	<b>Screen:</b> Codes Reported Together 75% or More-Part1 / CMS Request - Final Rule for 2013	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2013	<b>Tab 34</b>	<b>Specialty Developing Recommendation:</b> AAN, AANEM, AAPMR, ACNS	<b>First Identified:</b> January 2013	<b>2019 est Medicare Utilization:</b> 41,818	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b>	<b>2020 Work RVU:</b> 2.25 <b>2020 NF PE RVU:</b> 12.45 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 2.25 and new PE inputs			<b>Referred to CPT</b> October 2010 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease	

# Status Report: CMS Requests and Relativity Assessment Issues

**95940** Continuous intraoperative neurophysiology monitoring in the operating room, one on one monitoring requiring personal attendance, each 15 minutes (List separately in addition to code for primary procedure) **Global:** XXX **Issue:** Intraoperative Neurophysiology Monitoring **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

**Most Recent RUC Meeting:** January 2012

**Tab** 12

**Specialty Developing Recommendation:**

**First Identified:** January 2012

**2019 est Medicare Utilization:** 25,807

**2007 Work RVU:**  
**2007 NF PE RVU:**  
**2007 Fac PE RVU Result:** Decrease

**2020 Work RVU:** 0.60  
**2020 NF PE RVU:** NA  
**2020 Fac PE RVU:**0.29

**RUC Recommendation:** 0.60

**Referred to CPT** February 2012  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**95941** Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby) or for monitoring of more than one case while in the operating room, per hour (List separately in addition to code for primary procedure) **Global:** XXX **Issue:** Intraoperative Neurophysiology Monitoring **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

**Most Recent RUC Meeting:** January 2012

**Tab** 12

**Specialty Developing Recommendation:**

**First Identified:** January 2012

**2019 est Medicare Utilization:**

**2007 Work RVU:**  
**2007 NF PE RVU:**  
**2007 Fac PE RVU Result:** Decrease

**2020 Work RVU:** 0.00  
**2020 NF PE RVU:** 0.00  
**2020 Fac PE RVU:**0.00

**RUC Recommendation:** 2.00

**Referred to CPT** February 2012  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**95943** Simultaneous, independent, quantitative measures of both parasympathetic function and sympathetic function, based on time-frequency analysis of heart rate variability concurrent with time-frequency analysis of continuous respiratory activity, with mean heart rate and blood pressure measures, during rest, paced (deep) breathing, Valsalva maneuvers, and head-up postural change **Global:** XXX **Issue:** Autonomic Function Testing **Screen:** Codes Reported Together 75% or More-Part1 / Contractor Priced High Volume **Complete?** No

**Most Recent RUC Meeting:** January 2020

**Tab** 37

**Specialty Developing Recommendation:** AAN, AANEM

**First Identified:** January 2018

**2019 est Medicare Utilization:** 22,723

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

**2020 Work RVU:** 0.00  
**2020 NF PE RVU:** 0.00  
**2020 Fac PE RVU:**NA

**RUC Recommendation:** Refer to CPT for Deletion

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



## Status Report: CMS Requests and Relativity Assessment Issues

**95950** Monitoring for identification and lateralization of cerebral seizure focus, electroencephalographic (eg, 8 channel EEG) recording and interpretation, each 24 hours **Global:** **Issue:** Long-Term EEG Monitoring **Screen:** CMS Fastest Growing **Complete?** Yes

**Most Recent RUC Meeting:** October 2018

**Tab 13** **Specialty Developing Recommendation:** AAN, ACNS

**First Identified:** February 2009

**2019 est Medicare Utilization:** 2,415

**2007 Work RVU:** 1.51

**2020 Work RVU:**

**2007 NF PE RVU:** 4.18

**2020 NF PE RVU:**

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**95951** Monitoring for localization of cerebral seizure focus by cable or radio, 16 or more channel telemetry, combined electroencephalographic (EEG) and video recording and interpretation (eg, for presurgical localization), each 24 hours **Global:** **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

**Most Recent RUC Meeting:** October 2018

**Tab 13** **Specialty Developing Recommendation:**

**First Identified:** October 2016

**2019 est Medicare Utilization:** 188,070

**2007 Work RVU:** 0.00

**2020 Work RVU:**

**2007 NF PE RVU:** 0

**2020 NF PE RVU:**

**2007 Fac PE RVU** 0

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** May 2018

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**95953** Monitoring for localization of cerebral seizure focus by computerized portable 16 or more channel EEG, electroencephalographic (EEG) recording and interpretation, each 24 hours, unattended **Global:** **Issue:** Long-Term EEG Monitoring **Screen:** CMS Fastest Growing **Complete?** Yes

**Most Recent RUC Meeting:** October 2018

**Tab 13** **Specialty Developing Recommendation:** AAN, ACNS

**First Identified:** February 2009

**2019 est Medicare Utilization:** 24,927

**2007 Work RVU:** 3.30

**2020 Work RVU:**

**2007 NF PE RVU:** 7.52

**2020 NF PE RVU:**

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

**95954** Pharmacological or physical activation requiring physician or other qualified health care professional attendance during EEG recording of activation phase (eg, thiopental activation test) **Global:** XXX **Issue:** EEG Monitoring **Screen:** High Volume Growth1 **Complete?** Yes

**Most Recent** **Tab** S **Specialty Developing** AAN, ACNS **First Identified:** February 2008 **2019 est Medicare Utilization:** 623 **2007 Work RVU:** 2.45 **2020 Work RVU:** 2.45  
**RUC Meeting:** February 2008 **Recommendation:** **2007 NF PE RVU:** 4.38 **2020 NF PE RVU:** 8.41  
**2007 Fac PE RVU** NA **2020 Fac PE RVU:** NA  
**RUC Recommendation:** Remove from screen **Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Remove from Screen

**95956** Monitoring for localization of cerebral seizure focus by cable or radio, 16 or more channel telemetry, electroencephalographic (EEG) recording and interpretation, each 24 hours, attended by a technologist or nurse **Global:** **Issue:** Long-Term EEG Monitoring **Screen:** CMS Fastest Growing **Complete?** Yes

**Most Recent** **Tab** 13 **Specialty Developing** AAN, ACNS **First Identified:** October 2008 **2019 est Medicare Utilization:** 5,307 **2007 Work RVU:** 3.08 **2020 Work RVU:**  
**RUC Meeting:** October 2018 **Recommendation:** **2007 NF PE RVU:** 15.47 **2020 NF PE RVU:**  
**2007 Fac PE RVU** NA **2020 Fac PE RVU:**  
**RUC Recommendation:** Deleted from CPT **Referred to CPT**  
**Referred to CPT Asst** ☒ **Published in CPT Asst:** Dec 2009 **Result:** Deleted from CPT

**95957** Digital analysis of electroencephalogram (EEG) (eg, for epileptic spike analysis) **Global:** XXX **Issue:** Electroencephalogram (EEG) Exended Monitoring **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent** **Tab** 50 **Specialty Developing** AAN **First Identified:** July 2015 **2019 est Medicare Utilization:** 61,055 **2007 Work RVU:** 1.98 **2020 Work RVU:** 1.98  
**RUC Meeting:** January 2016 **Recommendation:** **2007 NF PE RVU:** 3.37 **2020 NF PE RVU:** 5.14  
**2007 Fac PE RVU** NA **2020 Fac PE RVU:** NA  
**RUC Recommendation:** 1.98 **Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

## Status Report: CMS Requests and Relativity Assessment Issues

<b>95970</b>	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain, cranial nerve, spinal cord, peripheral nerve, or sacral nerve, neurostimulator pulse generator/transmitter, without programming	<b>Global:</b> XXX	<b>Issue:</b> Neurostimulator Services	<b>Screen:</b> Harvard Valued - Utilization over 100,000 / CMS Request - Final Rule for 2016 / High Volume Growth3 / CPT Assistant Analysis 2018	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2019	<b>Tab</b> 37	<b>Specialty Developing Recommendation:</b> AAN, AANS/CNS, ACNS	<b>First Identified:</b> February 2010	<b>2019 est Medicare Utilization:</b> 38,689	<b>2007 Work RVU:</b> 0.45 <b>2007 NF PE RVU:</b> 0.86 <b>2007 Fac PE RVU:</b> 0.14 <b>2020 Work RVU:</b> 0.35 <b>2020 NF PE RVU:</b> 0.17 <b>2020 Fac PE RVU:</b> 0.16
<b>RUC Recommendation:</b> 0.45			<b>Referred to CPT</b> June 2017 <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Jul 2016	<b>Result:</b> Maintain
<b>95971</b>	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with simple spinal cord or peripheral nerve (eg, sacral nerve) neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional	<b>Global:</b> XXX	<b>Issue:</b> Neurostimulator Services	<b>Screen:</b> Harvard Valued - Utilization over 100,000 / High Volume Growth2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2017	<b>Tab</b> 07	<b>Specialty Developing Recommendation:</b> AUA, ACOG, AAPM, SIS, ACNS	<b>First Identified:</b> October 2009	<b>2019 est Medicare Utilization:</b> 21,590	<b>2007 Work RVU:</b> 0.78 <b>2007 NF PE RVU:</b> 0.66 <b>2007 Fac PE RVU:</b> 0.22 <b>2020 Work RVU:</b> 0.78 <b>2020 NF PE RVU:</b> 0.58 <b>2020 Fac PE RVU:</b> 0.31
<b>RUC Recommendation:</b> 0.78			<b>Referred to CPT</b> February 2015, June 2017 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Maintain

# Status Report: CMS Requests and Relativity Assessment Issues

**95972** Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with complex spinal cord or peripheral nerve (eg, sacral nerve) neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional

**Global:** XXX **Issue:** Neurostimulator Services **Screen:** Harvard Valued - Utilization over 100,000 / High Volume Growth2 **Complete?** Yes

**Most Recent RUC Meeting:** October 2017 **Tab 07** **Specialty Developing Recommendation:** AUA, ACOG, AAPM, SIS, ACNS **First Identified:** February 2010 **2019 est Medicare Utilization:** 46,946

**2007 Work RVU:** 1.50 **2020 Work RVU:** 0.80  
**2007 NF PE RVU:** 1.21 **2020 NF PE RVU:** 0.73  
**2007 Fac PE RVU:** 0.48 **2020 Fac PE RVU:** 0.30  
**Result:** Decrease

**RUC Recommendation:** 0.80 **Referred to CPT** May 2014 February , June 2017 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**95973** Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex spinal cord, or peripheral (ie, peripheral nerve, sacral nerve, neuromuscular) (except cranial nerve) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, each additional 30 minutes after first hour (List separately in addition to code for primary procedure)

**Global:** **Issue:** Implanted Neurostimulator Electronic Analysis **Screen:** Harvard Valued - Utilization over 100,000 / Final Rule for 2015 **Complete?** Yes

**Most Recent RUC Meeting:** April 2015 **Tab 21** **Specialty Developing Recommendation:** AANS/CNS, ACOG, ASA, AUA, ISIS **First Identified:** February 2010 **2019 est Medicare Utilization:**

**2007 Work RVU:** 0.92 **2020 Work RVU:**  
**2007 NF PE RVU:** 0.61 **2020 NF PE RVU:**  
**2007 Fac PE RVU:** 0.32 **2020 Fac PE RVU:**  
**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT **Referred to CPT** February 2015 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

<b>95974</b>	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex cranial nerve neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, with or without nerve interface testing, first hour	<b>Global:</b>	<b>Issue:</b> Neurostimulator Services	<b>Screen:</b> CMS Request - Final Rule for 2016	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2017	<b>Tab 07</b>	<b>Specialty Developing Recommendation:</b> AAN, AANS/CNS, ACNS	<b>First Identified:</b> July 2015	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> 3.00 <b>2007 NF PE RVU:</b> 1.65 <b>2007 Fac PE RVU:</b> 1.19 <b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> June 2017	<b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Jul 2016
<b>95975</b>	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex cranial nerve neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, each additional 30 minutes after first hour (List separately in addition to code for primary procedure)	<b>Global:</b>	<b>Issue:</b> Neurostimulator Services	<b>Screen:</b> CMS Request - Final Rule for 2016	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2017	<b>Tab 07</b>	<b>Specialty Developing Recommendation:</b> AAN, AANS/CNS, ACNS	<b>First Identified:</b> July 2015	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> 1.70 <b>2007 NF PE RVU:</b> 0.86 <b>2007 Fac PE RVU:</b> 0.67 <b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> June 2017	<b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Jul 2016

## Status Report: CMS Requests and Relativity Assessment Issues

<b>95976</b>	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with simple cranial nerve neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional	<b>Global:</b> XXX	<b>Issue:</b> Neurostimulator Services	<b>Screen:</b> High Volume Growth2 / CMS Request - Final Rule for 2016	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2017	<b>Tab 07</b>	<b>Specialty Developing Recommendation:</b> AAN, AANS/CNS, ACNS	<b>First Identified:</b> June 2017	<b>2019 est Medicare Utilization:</b> 8,660	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU</b> <b>2020 Work RVU:</b> 0.73 <b>2020 NF PE RVU:</b> 0.37 <b>2020 Fac PE RVU:</b> 0.35
<b>RUC Recommendation:</b> 0.95 and Refer to CPT Assistant			<b>Referred to CPT</b> June 2017 <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> February 2019	<b>Result:</b> Maintain

<b>95977</b>	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with complex cranial nerve neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional	<b>Global:</b> XXX	<b>Issue:</b> Neurostimulator Services	<b>Screen:</b> High Volume Growth2 / CMS Request - Final Rule for 2016	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2017	<b>Tab 07</b>	<b>Specialty Developing Recommendation:</b> AAN, AANS/CNS, ACNS	<b>First Identified:</b> June 2017	<b>2019 est Medicare Utilization:</b> 7,130	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU</b> <b>2020 Work RVU:</b> 0.97 <b>2020 NF PE RVU:</b> 0.48 <b>2020 Fac PE RVU:</b> 0.46
<b>RUC Recommendation:</b> 1.19 and Refer to CPT Assistant			<b>Referred to CPT</b> June 2017 <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> February 2019	<b>Result:</b> Maintain

# Status Report: CMS Requests and Relativity Assessment Issues

<b>95978</b>	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, battery status, electrode selectability and polarity, impedance and patient compliance measurements), complex deep brain neurostimulator pulse generator/transmitter, with initial or subsequent programming; first hour	<b>Global:</b>	<b>Issue:</b> Neurostimulator Services	<b>Screen:</b> CMS Request - Final Rule for 2016	<b>Complete?</b> Yes
<b>Most Recent</b> <b>RUC Meeting:</b> October 2017	<b>Tab</b> 07	<b>Specialty Developing Recommendation:</b> AAN, AANS/CNS, ACNS	<b>First Identified:</b> July 2015	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> 3.50 <b>2007 NF PE RVU:</b> 1.91 <b>2007 Fac PE RVU:</b> 1.24 <b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> June 2017 <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Jul 2016	<b>Result:</b> Deleted from CPT
<b>95979</b>	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, battery status, electrode selectability and polarity, impedance and patient compliance measurements), complex deep brain neurostimulator pulse generator/transmitter, with initial or subsequent programming; each additional 30 minutes after first hour (List separately in addition to code for primary procedure)	<b>Global:</b>	<b>Issue:</b> Neurostimulator Services	<b>Screen:</b> CMS Request - Final Rule for 2016	<b>Complete?</b> Yes
<b>Most Recent</b> <b>RUC Meeting:</b> October 2017	<b>Tab</b> 07	<b>Specialty Developing Recommendation:</b> AAN, AANS/CNS, ACNS	<b>First Identified:</b> July 2015	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> 1.64 <b>2007 NF PE RVU:</b> 0.84 <b>2007 Fac PE RVU:</b> 0.64 <b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> June 2017 <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> Jul 2016	<b>Result:</b> Deleted from CPT
<b>95980</b>	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; intraoperative, with programming	<b>Global:</b> XXX	<b>Issue:</b> Neurostimulator Services	<b>Screen:</b> CMS Request - Final Rule for 2016	<b>Complete?</b> Yes
<b>Most Recent</b> <b>RUC Meeting:</b> October 2017	<b>Tab</b> 07	<b>Specialty Developing Recommendation:</b> No Interest	<b>First Identified:</b> July 2015	<b>2019 est Medicare Utilization:</b> 570	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU:</b> <b>2020 Work RVU:</b> 0.80 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 0.34
<b>RUC Recommendation:</b> Not part of family			<b>Referred to CPT</b> June 2017 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Maintain

# Status Report: CMS Requests and Relativity Assessment Issues

<b>95981</b>	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, without reprogramming	<b>Global:</b> XXX	<b>Issue:</b> Neurostimulator Services	<b>Screen:</b> CMS Request - Final Rule for 2016	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2017	<b>Tab 07</b>	<b>Specialty Developing Recommendation:</b> No Interest	<b>First Identified:</b> July 2015	<b>2019 est Medicare Utilization:</b> 843	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU</b> <b>Result:</b> Maintain <b>2020 Work RVU:</b> 0.30 <b>2020 NF PE RVU:</b> 0.66 <b>2020 Fac PE RVU:</b> 0.16
<b>RUC Recommendation:</b> Not part of family			<b>Referred to CPT</b> June 2017 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		
<b>95982</b>	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, with reprogramming	<b>Global:</b> XXX	<b>Issue:</b> Neurostimulator Services	<b>Screen:</b> CMS Request - Final Rule for 2016	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2016	<b>Tab 07</b>	<b>Specialty Developing Recommendation:</b> No Interest	<b>First Identified:</b> July 2015	<b>2019 est Medicare Utilization:</b> 1,278	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU</b> <b>Result:</b> Maintain <b>2020 Work RVU:</b> 0.65 <b>2020 NF PE RVU:</b> 0.85 <b>2020 Fac PE RVU:</b> 0.30
<b>RUC Recommendation:</b> Not part of family			<b>Referred to CPT</b> June 2017 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		
<b>95983</b>	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain neurostimulator pulse generator/transmitter programming, first 15 minutes face-to-face time with physician or other qualified health care professional	<b>Global:</b> XXX	<b>Issue:</b> Neurostimulator Services	<b>Screen:</b> High Volume Growth2 / CMS Request - Final Rule for 2016	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2017	<b>Tab 07</b>	<b>Specialty Developing Recommendation:</b> AAN, AANS/CNS, ACNS	<b>First Identified:</b> June 2017	<b>2019 est Medicare Utilization:</b> 40,522	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU</b> <b>Result:</b> Maintain <b>2020 Work RVU:</b> 0.91 <b>2020 NF PE RVU:</b> 0.46 <b>2020 Fac PE RVU:</b> 0.44
<b>RUC Recommendation:</b> 1.25 and Refer to CPT Assistant			<b>Referred to CPT</b> June 2017 <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/> <b>Published in CPT Asst:</b> February 2019		



## Status Report: CMS Requests and Relativity Assessment Issues

<b>95984</b>	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain neurostimulator pulse generator/transmitter programming, each additional 15 minutes face-to-face time with physician or other qualified health care professional (List separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Neurostimulator Services	<b>Screen:</b> High Volume Growth2 / CMS Request - Final Rule for 2016	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2017	<b>Tab 07 Specialty Developing Recommendation:</b> AAN, AANS/CNS, ACNS	<b>First Identified:</b> June 2017	<b>2019 est Medicare Utilization:</b> 58,079	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU</b> <b>Result:</b> Maintain	<b>2020 Work RVU:</b> 0.80 <b>2020 NF PE RVU:</b> 0.40 <b>2020 Fac PE RVU:</b> 0.38
<b>RUC Recommendation:</b> 1.00 and Refer to CPT Assistant		<b>Referred to CPT</b> June 2017 <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>	<b>Published in CPT Asst:</b> February 2019		
<b>95990</b>	Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular), includes electronic analysis of pump, when performed;	<b>Global:</b> XXX	<b>Issue:</b> Electronic Analysis Implanted Pump	<b>Screen:</b> Different Performing Specialty from Survey / Codes Reported Together 75% or More-Part1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2011	<b>Tab 07 Specialty Developing Recommendation:</b> ASA, AAPM, NASS, AAMP&R, AANS/CNS, ISIS	<b>First Identified:</b> April 2010	<b>2019 est Medicare Utilization:</b> 1,124	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> 1.53 <b>2007 Fac PE RVU</b> NA	<b>2020 Work RVU:</b> 0.00 <b>2020 NF PE RVU:</b> 2.50 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.00		<b>Referred to CPT</b> October 2010 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Maintain	

# Status Report: CMS Requests and Relativity Assessment Issues

**95991** Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular), includes electronic analysis of pump, when performed; requiring skill of a physician or other qualified health care professional **Global:** XXX **Issue:** Electronic Analysis Implanted Pump **Screen:** High Volume Growth1 / Codes Reported Together 75% or More-Part1 **Complete?** Yes

**Most Recent RUC Meeting:** February 2011

**Tab 07 Specialty Developing Recommendation:** ASA, AAPM

**First Identified:** February 2008

**2019 est Medicare Utilization:** 8,596

**2007 Work RVU:** 0.77

**2020 Work RVU:** 0.77

**2007 NF PE RVU:** 1.53

**2020 NF PE RVU:** 2.38

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**0.30

**Result:** Maintain

**RUC Recommendation:** 0.77

**Referred to CPT** October 2010

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

**95992** Canalith repositioning procedure(s) (eg, Epley maneuver, Semont maneuver), per day **Global:** XXX **Issue:** **Screen:** Modifier -51 Exempt **Complete?** Yes

**Most Recent RUC Meeting:** April 2018

**Tab 33 Specialty Developing Recommendation:**

**First Identified:** January 2018

**2019 est Medicare Utilization:** 112,529

**2007 Work RVU:**

**2020 Work RVU:** 0.75

**2007 NF PE RVU:**

**2020 NF PE RVU:** 0.47

**2007 Fac PE RVU**

**2020 Fac PE RVU:**0.28

**Result:** Maintain

**RUC Recommendation:** Remove from Modifier -51 Exempt list.

**Referred to CPT**

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

**96101** Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report **Global:** **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** October 2017

**Tab 08 Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN

**First Identified:** July 2015

**2019 est Medicare Utilization:**

**2007 Work RVU:** 1.86

**2020 Work RVU:**

**2007 NF PE RVU:** 0.58

**2020 NF PE RVU:**

**2007 Fac PE RVU** 0.56

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** June 2017

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

# Status Report: CMS Requests and Relativity Assessment Issues

<b>96102</b>	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI and WAIS), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face	<b>Global:</b>	<b>Issue:</b> Psychological and Neuro-psychological Testing	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2017	<b>Tab 08</b>	<b>Specialty Developing Recommendation:</b> APA (psychology), AAP, ASHA, AAN	<b>First Identified:</b> July 2015	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> 0.50 <b>2007 NF PE RVU:</b> 0.8 <b>2007 Fac PE RVU:</b> 0.15 <b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> June 2017 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Deleted from CPT
<b>96103</b>	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI), administered by a computer, with qualified health care professional interpretation and report	<b>Global:</b>	<b>Issue:</b> Psychological and Neuro-psychological Testing	<b>Screen:</b> High Volume Growth2 / Different Performing Specialty from Survey2 / CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2017	<b>Tab 08</b>	<b>Specialty Developing Recommendation:</b> APA (psychology), AAP, ASHA, AAN	<b>First Identified:</b> April 2013	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> 0.51 <b>2007 NF PE RVU:</b> 0.49 <b>2007 Fac PE RVU:</b> 0.15 <b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT			<b>Referred to CPT</b> June 2017 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Deleted from CPT
<b>96105</b>	Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, eg, by Boston Diagnostic Aphasia Examination) with interpretation and report, per hour	<b>Global:</b> XXX	<b>Issue:</b> Psychological and Neuro-psychological Testing	<b>Screen:</b> CMS Request/Speech Language Pathology Request / CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2017	<b>Tab 20</b>	<b>Specialty Developing Recommendation:</b> APA (psychology), AAP, ASHA, AAN	<b>First Identified:</b> January 2016	<b>2019 est Medicare Utilization:</b> 1,273	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> 1.83 <b>2007 Fac PE RVU:</b> NA <b>2020 Work RVU:</b> 1.75 <b>2020 NF PE RVU:</b> 1.09 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 1.75			<b>Referred to CPT</b> June 2017 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>Result:</b> Decrease

# Status Report: CMS Requests and Relativity Assessment Issues

**96110** Developmental screening (eg, developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument **Global:** XXX **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** October 2017

**Tab** 08

**Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN

**First Identified:** January 2017

**2019 est Medicare Utilization:**

**2007 Work RVU:** 0.00

**2020 Work RVU:** 0.00

**2007 NF PE RVU:** 0.18

**2020 NF PE RVU:** 0.27

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**NA

**RUC Recommendation:** New PE Inputs

**Referred to CPT** June 2017

**Result:** PE Only

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

**96111** Developmental testing, (includes assessment of motor, language, social, adaptive, and/or cognitive functioning by standardized developmental instruments) with interpretation and report **Global:** **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** October 2017

**Tab** 08

**Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN

**First Identified:** January 2017

**2019 est Medicare Utilization:**

**2007 Work RVU:** 2.60

**2020 Work RVU:**

**2007 NF PE RVU:** 0.96

**2020 NF PE RVU:**

**2007 Fac PE RVU** 0.92

**2020 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** June 2017

**Result:** Deleted from CPT

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

**96112** Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; first hour **Global:** XXX **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** October 2017

**Tab** 08

**Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN

**First Identified:** June 2017

**2019 est Medicare Utilization:** 1,417

**2007 Work RVU:**

**2020 Work RVU:** 2.56

**2007 NF PE RVU:**

**2020 NF PE RVU:** 1.20

**2007 Fac PE RVU**

**2020 Fac PE RVU:**0.95

**RUC Recommendation:** 2.50

**Referred to CPT** June 2017

**Result:** Decrease

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

# Status Report: CMS Requests and Relativity Assessment Issues

**96113** Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; each additional 30 minutes (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent** **Tab** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** June 2017 **2019 est Medicare Utilization:** 132 **2007 Work RVU:** **2020 Work RVU:** 1.16 **2007 NF PE RVU:** **2020 NF PE RVU:** 0.52 **2007 Fac PE RVU** **2020 Fac PE RVU:**0.43  
**RUC Meeting:** October 2017  
**RUC Recommendation:** 1.10 **Referred to CPT** June 2017 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

**96116** Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; first hour **Global:** XXX **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent** **Tab** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** July 2015 **2019 est Medicare Utilization:** 157,733 **2007 Work RVU:** 1.86 **2020 Work RVU:** 1.86 **2007 NF PE RVU:** 0.76 **2020 NF PE RVU:** 0.81 **2007 Fac PE RVU** 0.59 **2020 Fac PE RVU:**0.45  
**RUC Meeting:** October 2017  
**RUC Recommendation:** 1.86 **Referred to CPT** June 2017 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

**96118** Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report **Global:** **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent** **Tab** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** July 2015 **2019 est Medicare Utilization:** **2007 Work RVU:** 1.86 **2020 Work RVU:** **2007 NF PE RVU:** 1.25 **2020 NF PE RVU:** **2007 Fac PE RVU** 0.56 **2020 Fac PE RVU:**  
**RUC Meeting:** October 2017  
**RUC Recommendation:** Deleted from CPT **Referred to CPT** June 2017 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

# Status Report: CMS Requests and Relativity Assessment Issues

**96119** Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face **Global:** **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** October 2017 **Tab 08** **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** July 2015 **2019 est Medicare Utilization:** **2007 Work RVU:** 0.55 **2020 Work RVU:** **2007 NF PE RVU:** 1.15 **2020 NF PE RVU:** **2007 Fac PE RVU:** 0.17 **2020 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT **Referred to CPT** June 2017 **Result:** Deleted from CPT  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**96120** Neuropsychological testing (eg, Wisconsin Card Sorting Test), administered by a computer, with qualified health care professional interpretation and report **Global:** **Issue:** Psychological and Neuro-psychological Testing **Screen:** High Volume Growth2 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** October 2017 **Tab 08** **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** April 2013 **2019 est Medicare Utilization:** **2007 Work RVU:** 0.51 **2020 Work RVU:** **2007 NF PE RVU:** 1.04 **2020 NF PE RVU:** **2007 Fac PE RVU:** 0.15 **2020 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT **Referred to CPT** June 2017 **Result:** Deleted from CPT  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**96121** Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; each additional hour (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** October 2017 **Tab 08** **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** June 2017 **2019 est Medicare Utilization:** 47,794 **2007 Work RVU:** **2020 Work RVU:** 1.71 **2007 NF PE RVU:** **2020 NF PE RVU:** 0.59 **2007 Fac PE RVU:** **2020 Fac PE RVU:** 0.42

**RUC Recommendation:** 1.71 **Referred to CPT** June 2017 **Result:** Decrease  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

96125	Standardized cognitive performance testing (eg, Ross Information Processing Assessment) per hour of a qualified health care professional's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report	Global: XXX	Issue: Psychological and Neuro-psychological Testing	Screen: CMS High Expenditure Procedural Codes2	Complete? Yes	
Most Recent RUC Meeting: October 2017	Tab 20	Specialty Developing Recommendation: APA (psychology), AAP, ASHA, AAN	First Identified: January 2016	2019 est Medicare Utilization: 4,262	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU	2020 Work RVU: 1.70 2020 NF PE RVU: 1.32 2020 Fac PE RVU:NA
RUC Recommendation: 1.70			Referred to CPT June 2017 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Maintain	
96127	Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument	Global: XXX	Issue: Psychological and Neuro-psychological Testing	Screen: CMS High Expenditure Procedural Codes2	Complete? Yes	
Most Recent RUC Meeting: October 2017	Tab 08	Specialty Developing Recommendation: APA (psychology), AAP, ASHA, AAN	First Identified: January 2016	2019 est Medicare Utilization: 492,372	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU	2020 Work RVU: 0.00 2020 NF PE RVU: 0.13 2020 Fac PE RVU:NA
RUC Recommendation: New PE Inputs			Referred to CPT June 2017 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: PE Only	
96130	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	Global: XXX	Issue: Psychological and Neuro-psychological Testing	Screen: CMS High Expenditure Procedural Codes2	Complete? Yes	
Most Recent RUC Meeting: October 2017	Tab 20	Specialty Developing Recommendation: APA (psychology), AAP, ASHA, AAN	First Identified: June 2017	2019 est Medicare Utilization: 99,759	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU	2020 Work RVU: 2.56 2020 NF PE RVU: 0.73 2020 Fac PE RVU:0.43
RUC Recommendation: 2.50			Referred to CPT June 2017 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Decrease	

## Status Report: CMS Requests and Relativity Assessment Issues

**96131** Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** October 2017

**Tab** 20

**Specialty Developing Recommendation:**

APA  
(psychology),  
AAP, ASHA,  
AAN

**First Identified:** June 2017

**2019 est Medicare Utilization:** 80,133

**2007 Work RVU:**

**2020 Work RVU:** 1.96

**2007 NF PE RVU:**

**2020 NF PE RVU:** 0.55

**2007 Fac PE RVU**

**2020 Fac PE RVU:**0.32

**RUC Recommendation:** 1.90

**Referred to CPT** June 2017

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

**Result:** Decrease

**96132** Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour **Global:** XXX **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent RUC Meeting:** October 2017

**Tab** 08

**Specialty Developing Recommendation:**

APA  
(psychology),  
AAP, ASHA,  
AAN

**First Identified:** June 2017

**2019 est Medicare Utilization:** 194,323

**2007 Work RVU:**

**2020 Work RVU:** 2.56

**2007 NF PE RVU:**

**2020 NF PE RVU:** 1.13

**2007 Fac PE RVU**

**2020 Fac PE RVU:**0.39

**RUC Recommendation:** 2.50

**Referred to CPT** June 2017

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

**Result:** Decrease



# Status Report: CMS Requests and Relativity Assessment Issues

96133	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure)	Global: ZZZ	Issue: Psychological and Neuro-psychological Testing	Screen: CMS High Expenditure Procedural Codes2	Complete? Yes	
Most Recent RUC Meeting: October 2017	Tab 08	Specialty Developing Recommendation: APA (psychology), AAP, ASHA, AAN	First Identified: June 2017	2019 est Medicare Utilization: 339,426	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU	2020 Work RVU: 1.96 2020 NF PE RVU: 0.80 2020 Fac PE RVU:0.30
RUC Recommendation: 1.90			Referred to CPT June 2017 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Decrease	
96136	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes	Global: XXX	Issue: Psychological and Neuro-psychological Testing	Screen: CMS High Expenditure Procedural Codes2	Complete? Yes	
Most Recent RUC Meeting: October 2017	Tab 20	Specialty Developing Recommendation: APA (psychology), AAP, ASHA, AAN	First Identified: June 2017	2019 est Medicare Utilization: 173,801	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU	2020 Work RVU: 0.55 2020 NF PE RVU: 0.75 2020 Fac PE RVU:0.12
RUC Recommendation: 0.55			Referred to CPT June 2017 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Decrease	
96137	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure)	Global: ZZZ	Issue: Psychological and Neuro-psychological Testing	Screen: CMS High Expenditure Procedural Codes2	Complete? Yes	
Most Recent RUC Meeting: October 2017	Tab 20	Specialty Developing Recommendation: APA (psychology), AAP, ASHA, AAN	First Identified: June 2017	2019 est Medicare Utilization: 379,620	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU	2020 Work RVU: 0.46 2020 NF PE RVU: 0.74 2020 Fac PE RVU:0.07
RUC Recommendation: 0.46			Referred to CPT June 2017 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Decrease	

## Status Report: CMS Requests and Relativity Assessment Issues

96138	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes	Global: XXX	Issue: Psychological and Neuro-psychological Testing	Screen: CMS High Expenditure Procedural Codes2	Complete? Yes	
Most Recent RUC Meeting: October 2017	Tab 20	Specialty Developing Recommendation: APA (psychology), AAP, ASHA, AAN	First Identified: June 2017	2019 est Medicare Utilization: 157,925	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU	2020 Work RVU: 0.00 2020 NF PE RVU: 1.06 2020 Fac PE RVU:NA
RUC Recommendation: New PE Inputs			Referred to CPT June 2017 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: PE Only	
96139	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure)	Global: ZZZ	Issue: Psychological and Neuro-psychological Testing	Screen: CMS High Expenditure Procedural Codes2	Complete? Yes	
Most Recent RUC Meeting: October 2017	Tab 20	Specialty Developing Recommendation: APA (psychology), AAP, ASHA, AAN	First Identified: June 2017	2019 est Medicare Utilization: 353,021	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU	2020 Work RVU: 0.00 2020 NF PE RVU: 1.06 2020 Fac PE RVU:NA
RUC Recommendation: New PE Inputs			Referred to CPT June 2017 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: PE Only	
96146	Psychological or neuropsychological test administration, with single automated, standardized instrument via electronic platform, with automated result only	Global: XXX	Issue: Psychological and Neuro-psychological Testing	Screen: CMS High Expenditure Procedural Codes2	Complete? Yes	
Most Recent RUC Meeting: October 2017	Tab 20	Specialty Developing Recommendation: APA (psychology), AAP, ASHA, AAN	First Identified: June 2017	2019 est Medicare Utilization: 27,702	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU	2020 Work RVU: 0.00 2020 NF PE RVU: 0.05 2020 Fac PE RVU:NA
RUC Recommendation: New PE Inputs			Referred to CPT June 2017 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: PE Only	

## Status Report: CMS Requests and Relativity Assessment Issues

<b>96150</b>	Health and behavior assessment (eg, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; initial assessment	<b>Global:</b>	<b>Issue:</b> Health and Behavior Assessment and Intervention	<b>Screen:</b> Negative IWPUT	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2019	<b>Tab 41</b> <b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> September 2018	<b>2019 est Medicare Utilization:</b> 54,601	<b>2007 Work RVU:</b> 0.50 <b>2007 NF PE RVU:</b> 0.16 <b>2007 Fac PE RVU:</b> 0.16 <b>Result:</b> Deleted from CPT	<b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> September 2018 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			
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<b>96151</b>	Health and behavior assessment (eg, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; re-assessment	<b>Global:</b>	<b>Issue:</b> Health and Behavior Assessment and Intervention	<b>Screen:</b> Negative IWPUT	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2019	<b>Tab 41</b> <b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> September 2018	<b>2019 est Medicare Utilization:</b> 10,113	<b>2007 Work RVU:</b> 0.48 <b>2007 NF PE RVU:</b> 0.16 <b>2007 Fac PE RVU:</b> 0.15 <b>Result:</b> Deleted from CPT	<b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> September 2018 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			
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<b>96152</b>	Health and behavior intervention, each 15 minutes, face-to-face; individual	<b>Global:</b>	<b>Issue:</b> Health and Behavior Assessment and Intervention	<b>Screen:</b> Negative IWPUT	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2019	<b>Tab 41</b> <b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> September 2018	<b>2019 est Medicare Utilization:</b> 103,595	<b>2007 Work RVU:</b> 0.46 <b>2007 NF PE RVU:</b> 0.15 <b>2007 Fac PE RVU:</b> 0.14 <b>Result:</b> Deleted from CPT	<b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> September 2018 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			
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## Status Report: CMS Requests and Relativity Assessment Issues

<b>96153</b>	Health and behavior intervention, each 15 minutes, face-to-face; group (2 or more patients)	<b>Global:</b>	<b>Issue:</b> Health and Behavior Assessment and Intervention	<b>Screen:</b> Negative IWPUT	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2019	<b>Tab</b> 41 <b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> September 2018	<b>2019 est Medicare Utilization:</b> 42,795	<b>2007 Work RVU:</b> 0.10 <b>2007 NF PE RVU:</b> 0.04 <b>2007 Fac PE RVU:</b> 0.03 <b>Result:</b> Deleted from CPT	<b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> September 2018 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			
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<b>96154</b>	Health and behavior intervention, each 15 minutes, face-to-face; family (with the patient present)	<b>Global:</b>	<b>Issue:</b> Health and Behavior Assessment and Intervention	<b>Screen:</b> Negative IWPUT	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2019	<b>Tab</b> 41 <b>Specialty Developing Recommendation:</b> APA (psychology), NASW	<b>First Identified:</b> April 2017	<b>2019 est Medicare Utilization:</b> 8,583	<b>2007 Work RVU:</b> 0.45 <b>2007 NF PE RVU:</b> 0.15 <b>2007 Fac PE RVU:</b> 0.14 <b>Result:</b> Deleted from CPT	<b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> September 2018 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			
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<b>96155</b>	Health and behavior intervention, each 15 minutes, face-to-face; family (without the patient present)	<b>Global:</b>	<b>Issue:</b> Health and Behavior Assessment and Intervention	<b>Screen:</b> Negative IWPUT	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2019	<b>Tab</b> 41 <b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> September 2018	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> 0.44 <b>2007 NF PE RVU:</b> 0.16 <b>2007 Fac PE RVU:</b> 0.15 <b>Result:</b> Deleted from CPT	<b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT		<b>Referred to CPT</b> September 2018 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			
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## Status Report: CMS Requests and Relativity Assessment Issues

<b>96156</b>	Health behavior assessment, or re-assessment (ie, health-focused clinical interview, behavioral observations, clinical decision making)	<b>Global:</b> XXX	<b>Issue:</b> Health and Behavior Assessment and Intervention	<b>Screen:</b> Negative IWPUT	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2019	<b>Tab 41</b> <b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> September 2018	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Increase	<b>2020 Work RVU:</b> 2.10 <b>2020 NF PE RVU:</b> 0.58 <b>2020 Fac PE RVU:</b> 0.32
<b>RUC Recommendation:</b> 2.10		<b>Referred to CPT</b> September 2018 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
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<b>96158</b>	Health behavior intervention, individual, face-to-face; initial 30 minutes	<b>Global:</b> XXX	<b>Issue:</b> Health and Behavior Assessment and Intervention	<b>Screen:</b> Negative IWPUT	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2019	<b>Tab 41</b> <b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> September 2018	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Increase	<b>2020 Work RVU:</b> 1.45 <b>2020 NF PE RVU:</b> 0.39 <b>2020 Fac PE RVU:</b> 0.21
<b>RUC Recommendation:</b> 1.45		<b>Referred to CPT</b> September 2018 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
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<b>96159</b>	Health behavior intervention, individual, face-to-face; each additional 15 minutes (List separately in addition to code for primary service)	<b>Global:</b> ZZZ	<b>Issue:</b> Health and Behavior Assessment and Intervention	<b>Screen:</b> Negative IWPUT	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2019	<b>Tab 41</b> <b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> September 2018	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Increase	<b>2020 Work RVU:</b> 0.50 <b>2020 NF PE RVU:</b> 0.14 <b>2020 Fac PE RVU:</b> 0.07
<b>RUC Recommendation:</b> 0.50		<b>Referred to CPT</b> September 2018 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
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## Status Report: CMS Requests and Relativity Assessment Issues

**96164** Health behavior intervention, group (2 or more patients), face-to-face; initial 30 minutes **Global:** XXX **Issue:** Health and Behavior Assessment and Intervention **Screen:** Negative IWPUT **Complete?** Yes

**Most Recent RUC Meeting:** January 2019

**Tab** 41

**Specialty Developing Recommendation:**

**First Identified:** September 2018

**2019 est Medicare Utilization:**

**2007 Work RVU:**

**2020 Work RVU:** 0.21

**2007 NF PE RVU:**

**2020 NF PE RVU:** 0.06

**2007 Fac PE RVU**

**2020 Fac PE RVU:**0.03

**Result:** Increase

**RUC Recommendation:** 0.21

**Referred to CPT** September 2018

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

**96165** Health behavior intervention, group (2 or more patients), face-to-face; each additional 15 minutes (List separately in addition to code for primary service) **Global:** ZZZ **Issue:** Health and Behavior Assessment and Intervention **Screen:** Negative IWPUT **Complete?** Yes

**Most Recent RUC Meeting:** January 2019

**Tab** 41

**Specialty Developing Recommendation:**

**First Identified:** September 2018

**2019 est Medicare Utilization:**

**2007 Work RVU:**

**2020 Work RVU:** 0.10

**2007 NF PE RVU:**

**2020 NF PE RVU:** 0.03

**2007 Fac PE RVU**

**2020 Fac PE RVU:**0.01

**Result:** Increase

**RUC Recommendation:** 0.10

**Referred to CPT** September 2018

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

**96167** Health behavior intervention, family (with the patient present), face-to-face; initial 30 minutes **Global:** XXX **Issue:** Health and Behavior Assessment and Intervention **Screen:** Negative IWPUT **Complete?** Yes

**Most Recent RUC Meeting:** January 2019

**Tab** 41

**Specialty Developing Recommendation:**

**First Identified:** September 2018

**2019 est Medicare Utilization:**

**2007 Work RVU:**

**2020 Work RVU:** 1.55

**2007 NF PE RVU:**

**2020 NF PE RVU:** 0.42

**2007 Fac PE RVU**

**2020 Fac PE RVU:**0.22

**Result:** Increase

**RUC Recommendation:** 1.55

**Referred to CPT** September 2018

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

## Status Report: CMS Requests and Relativity Assessment Issues

<b>96168</b>	Health behavior intervention, family (with the patient present), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)	<b>Global:</b> ZZZ	<b>Issue:</b> Health and Behavior Assessment and Intervention	<b>Screen:</b> Negative IWPUT	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2019	<b>Tab</b> 41 <b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> September 2018	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Increase	<b>2020 Work RVU:</b> 0.55 <b>2020 NF PE RVU:</b> 0.15 <b>2020 Fac PE RVU:</b> 0.08
<b>RUC Recommendation:</b> 0.55		<b>Referred to CPT</b> September 2018 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			
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<b>96170</b>	Health behavior intervention, family (without the patient present), face-to-face; initial 30 minutes	<b>Global:</b> XXX	<b>Issue:</b> Health and Behavior Assessment and Intervention	<b>Screen:</b> Negative IWPUT	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2019	<b>Tab</b> 41 <b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> September 2018	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Increase	<b>2020 Work RVU:</b> 1.50 <b>2020 NF PE RVU:</b> 0.69 <b>2020 Fac PE RVU:</b> 0.58
<b>RUC Recommendation:</b> 1.50		<b>Referred to CPT</b> September 2018 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			
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<b>96171</b>	Health behavior intervention, family (without the patient present), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)	<b>Global:</b> ZZZ	<b>Issue:</b> Health and Behavior Assessment and Intervention	<b>Screen:</b> Negative IWPUT	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2019	<b>Tab</b> 41 <b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> September 2018	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Increase	<b>2020 Work RVU:</b> 0.54 <b>2020 NF PE RVU:</b> 0.25 <b>2020 Fac PE RVU:</b> 0.21
<b>RUC Recommendation:</b> 0.54		<b>Referred to CPT</b> September 2018 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			
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# Status Report: CMS Requests and Relativity Assessment Issues

**96360** Intravenous infusion, hydration; initial, 31 minutes to 1 hour

**Global:** XXX

**Issue:** IV Hydration

**Screen:** CMS High Expenditure  
Procedural Codes2

**Complete?** Yes

**Most Recent  
RUC Meeting:** January 2017

**Tab** 25

**Specialty Developing  
Recommendation:** ASCO, ASH

**First  
Identified:** July 2015

**2019 est  
Medicare  
Utilization:** 248,266

**2007 Work RVU:**

**2020 Work RVU:** 0.17

**2007 NF PE RVU:**

**2020 NF PE RVU:** 0.77

**2007 Fac PE RVU**

**2020 Fac PE RVU:**NA

**Result:** Maintain

**RUC Recommendation:** 0.17

**Referred to CPT** N/A

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**96361** Intravenous infusion, hydration; each additional hour (List separately in addition to code for primary procedure)

**Global:** ZZZ

**Issue:** IV Hydration

**Screen:** CMS High Expenditure  
Procedural Codes2

**Complete?** Yes

**Most Recent  
RUC Meeting:** January 2017

**Tab** 25

**Specialty Developing  
Recommendation:** ASCO, ASH

**First  
Identified:** July 2015

**2019 est  
Medicare  
Utilization:** 433,535

**2007 Work RVU:**

**2020 Work RVU:** 0.09

**2007 NF PE RVU:**

**2020 NF PE RVU:** 0.28

**2007 Fac PE RVU**

**2020 Fac PE RVU:**NA

**Result:** Maintain

**RUC Recommendation:** 0.09

**Referred to CPT** N/A

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**96365** Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour

**Global:** XXX

**Issue:** Intravenous Infusion  
Therapy

**Screen:** CMS High Expenditure  
Procedural Codes1

**Complete?** Yes

**Most Recent  
RUC Meeting:** January 2013

**Tab** 28

**Specialty Developing  
Recommendation:** ACRh,  
ASCO, ASH,  
ISDA

**First  
Identified:** September 2011

**2019 est  
Medicare  
Utilization:** 1,269,889

**2007 Work RVU:**

**2020 Work RVU:** 0.21

**2007 NF PE RVU:**

**2020 NF PE RVU:** 1.74

**2007 Fac PE RVU**

**2020 Fac PE RVU:**NA

**Result:** Maintain

**RUC Recommendation:** 0.21

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**



# Status Report: CMS Requests and Relativity Assessment Issues

<b>96366</b>	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Intravenous Infusion Therapy	<b>Screen:</b> CMS High Expenditure Procedural Codes <sup>1</sup>	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2013	<b>Tab</b> 28 <b>Specialty Developing Recommendation:</b> ACRh, ASCO, ASH, ISDA	<b>First Identified:</b> April 2013	<b>2019 est Medicare Utilization:</b> 558,744	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Maintain	<b>2020 Work RVU:</b> 0.18 <b>2020 NF PE RVU:</b> 0.42 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.18	<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>		
<b>96367</b>	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); additional sequential infusion of a new drug/substance, up to 1 hour (List separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Intravenous Infusion Therapy	<b>Screen:</b> CMS High Expenditure Procedural Codes <sup>1</sup>	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2013	<b>Tab</b> 28 <b>Specialty Developing Recommendation:</b> ACRh, ASCO, ASH, ISDA	<b>First Identified:</b> September 2011	<b>2019 est Medicare Utilization:</b> 1,292,846	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Maintain	<b>2020 Work RVU:</b> 0.19 <b>2020 NF PE RVU:</b> 0.66 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.19	<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>		
<b>96368</b>	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); concurrent infusion (List separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Intravenous Infusion Therapy	<b>Screen:</b> CMS High Expenditure Procedural Codes <sup>1</sup>	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2013	<b>Tab</b> 28 <b>Specialty Developing Recommendation:</b> ACRh, ASCO, ASH, ISDA	<b>First Identified:</b> April 2013	<b>2019 est Medicare Utilization:</b> 133,379	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Maintain	<b>2020 Work RVU:</b> 0.17 <b>2020 NF PE RVU:</b> 0.41 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.17	<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>		

## Status Report: CMS Requests and Relativity Assessment Issues

<b>96372</b>	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular	<b>Global:</b> XXX	<b>Issue:</b> Application of On-body Injector with Subcutaneous Injection	<b>Screen:</b> Different Performing Specialty from Survey2 / CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab</b> 26	<b>Specialty Developing Recommendation:</b> ASCO, ASH, AAFP, ACRh	<b>First Identified:</b> April 2013	<b>2019 est Medicare Utilization:</b> 9,458,412	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Maintain
<b>RUC Recommendation:</b> 0.17			<b>Referred to CPT</b> N/A <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> 0.17 <b>2020 NF PE RVU:</b> 0.22 <b>2020 Fac PE RVU:</b> NA
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<b>96374</b>	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug	<b>Global:</b> XXX	<b>Issue:</b> Application of On-body Injector with Subcutaneous Injection	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab</b> 26	<b>Specialty Developing Recommendation:</b> ASCO, ASH, ACRh	<b>First Identified:</b> July 2015	<b>2019 est Medicare Utilization:</b> 272,442	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Maintain
<b>RUC Recommendation:</b> 0.18			<b>Referred to CPT</b> N/A <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> 0.18 <b>2020 NF PE RVU:</b> 0.91 <b>2020 Fac PE RVU:</b> NA
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<b>96375</b>	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug (List separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Application of On-body Injector with Subcutaneous Injection	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab</b> 26	<b>Specialty Developing Recommendation:</b> ASCO, ASH, ACRh	<b>First Identified:</b> July 2015	<b>2019 est Medicare Utilization:</b> 1,416,745	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Maintain
<b>RUC Recommendation:</b> 0.10			<b>Referred to CPT</b> N/A <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> 0.10 <b>2020 NF PE RVU:</b> 0.35 <b>2020 Fac PE RVU:</b> NA

# Status Report: CMS Requests and Relativity Assessment Issues

**96377** Application of on-body injector (includes cannula insertion) for timed subcutaneous injection **Global:** XXX **Issue:** Application of On-body Injector with Subcutaneous Injection **Screen:** should be on N/R LOI just added to track **Complete?** Yes

**Most Recent RUC Meeting:** January 2017

**Tab** 26

**Specialty Developing Recommendation:** ASCO, ASH

**First Identified:** January 2016

**2019 est Medicare Utilization:** 60,948

**2007 Work RVU:**

**2020 Work RVU:** 0.17

**2007 NF PE RVU:**

**2020 NF PE RVU:** 0.38

**2007 Fac PE RVU**

**2020 Fac PE RVU:**NA

**Result:** Not Part of RAW

**RUC Recommendation:** 0.17

**Referred to CPT** N/A

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**96401** Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic

**Global:** XXX

**Issue:** Chemotherapy Administration

**Screen:** CMS High Expenditure Procedural Codes2

**Complete?** Yes

**Most Recent RUC Meeting:** January 2017

**Tab** 27

**Specialty Developing Recommendation:** ASBMT, ASCO, ASH, ACRh

**First Identified:** July 2015

**2019 est Medicare Utilization:** 758,701

**2007 Work RVU:** 0.21

**2020 Work RVU:** 0.21

**2007 NF PE RVU:** 1.34

**2020 NF PE RVU:** 1.96

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**NA

**Result:** Maintain

**RUC Recommendation:** 0.21

**Referred to CPT** N/A

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**96402** Chemotherapy administration, subcutaneous or intramuscular; hormonal anti-neoplastic

**Global:** XXX

**Issue:** Chemotherapy Administration

**Screen:** CMS High Expenditure Procedural Codes2

**Complete?** Yes

**Most Recent RUC Meeting:** January 2017

**Tab** 27

**Specialty Developing Recommendation:** ASBMT, ASCO, ASH, AUA

**First Identified:** July 2015

**2019 est Medicare Utilization:** 403,494

**2007 Work RVU:** 0.19

**2020 Work RVU:** 0.19

**2007 NF PE RVU:** 0.94

**2020 NF PE RVU:** 0.68

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**NA

**Result:** Maintain

**RUC Recommendation:** 0.19

**Referred to CPT** N/A

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**96405** Chemotherapy administration; intralesional, up to and including 7 lesions **Global:** 000 **Issue:** Chemotherapy Administration **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

**Most Recent** **Tab** 55 **Specialty Developing** ASCO  
**RUC Meeting:** April 2008 **Recommendation:**

**First Identified:** NA **2019 est Medicare Utilization:** 12,359

**2007 Work RVU:** 0.52 **2020 Work RVU:** 0.52  
**2007 NF PE RVU:** 2.71 **2020 NF PE RVU:** 1.80  
**2007 Fac PE RVU** 0.24 **2020 Fac PE RVU:**0.29  
**Result:** PE Only

**RUC Recommendation:** New PE inputs

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

**96406** Chemotherapy administration; intralesional, more than 7 lesions

**Global:** 000 **Issue:** Chemotherapy Administration **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

**Most Recent** **Tab** 55 **Specialty Developing** ASCO  
**RUC Meeting:** April 2008 **Recommendation:**

**First Identified:** NA **2019 est Medicare Utilization:** 566

**2007 Work RVU:** 0.80 **2020 Work RVU:** 0.80  
**2007 NF PE RVU:** 3.08 **2020 NF PE RVU:** 2.75  
**2007 Fac PE RVU** 0.29 **2020 Fac PE RVU:**0.45  
**Result:** PE Only

**RUC Recommendation:** New PE inputs

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

**96409** Chemotherapy administration; intravenous, push technique, single or initial substance/drug

**Global:** XXX **Issue:** Chemotherapy Administration **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent** **Tab** 27 **Specialty Developing** ASBMT, ASCO, ASH  
**RUC Meeting:** January 2017 **Recommendation:**

**First Identified:** July 2015 **2019 est Medicare Utilization:** 79,884

**2007 Work RVU:** 0.24 **2020 Work RVU:** 0.24  
**2007 NF PE RVU:** 2.88 **2020 NF PE RVU:** 2.73  
**2007 Fac PE RVU** NA **2020 Fac PE RVU:**NA  
**Result:** Maintain

**RUC Recommendation:** 0.24

**Referred to CPT** N/A  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**96411** Chemotherapy administration; intravenous, push technique, each additional substance/drug (List separately in addition to code for primary procedure)

**Global:** ZZZ **Issue:** Chemotherapy Administration **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent** **Tab** 27 **Specialty Developing** ASBMT, ASCO, ASH  
**RUC Meeting:** January 2017 **Recommendation:**

**First Identified:** July 2015 **2019 est Medicare Utilization:** 165,078

**2007 Work RVU:** 0.20 **2020 Work RVU:** 0.20  
**2007 NF PE RVU:** 1.58 **2020 NF PE RVU:** 1.41  
**2007 Fac PE RVU** NA **2020 Fac PE RVU:**NA  
**Result:** Maintain

**RUC Recommendation:** 0.20

**Referred to CPT** N/A  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**96413** Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug **Global:** XXX **Issue:** Chemotherapy Administration **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 **Complete?** Yes

**Most Recent RUC Meeting:** January 2013

**Tab** 29

**Specialty Developing Recommendation:**

ACRh, ASCO, ASH, ASBMT

**First Identified:** February 2010

**2019 est Medicare Utilization:** 1,875,219

**2007 Work RVU:** 0.28

**2020 Work RVU:** 0.28

**2007 NF PE RVU:** 4.05

**2020 NF PE RVU:** 3.58

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**NA

**Result:** Maintain

**RUC Recommendation:** 0.28 and new PE inputs

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**96415** Chemotherapy administration, intravenous infusion technique; each additional hour (List separately in addition to code for primary procedure)

**Global:** ZZZ

**Issue:** Chemotherapy Administration

**Screen:** CMS High Expenditure Procedural Codes1

**Complete?** Yes

**Most Recent RUC Meeting:** January 2013

**Tab** 29

**Specialty Developing Recommendation:**

ACRh, ASCO, ASH, ASBMT

**First Identified:** January 2012

**2019 est Medicare Utilization:** 891,855

**2007 Work RVU:** 0.19

**2020 Work RVU:** 0.19

**2007 NF PE RVU:** 0.74

**2020 NF PE RVU:** 0.64

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**NA

**Result:** Maintain

**RUC Recommendation:** 0.19 and new PE inputs

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**96416** Chemotherapy administration, intravenous infusion technique; initiation of prolonged chemotherapy infusion (more than 8 hours), requiring use of a portable or implantable pump

**Global:** XXX

**Issue:** Chemotherapy Administration

**Screen:** Codes Reported Together 75% or More-Part1

**Complete?** Yes

**Most Recent RUC Meeting:** October 2010

**Tab** 20

**Specialty Developing Recommendation:**

ACRh, ASCO, ASH

**First Identified:** February 2010

**2019 est Medicare Utilization:** 30,942

**2007 Work RVU:** 0.21

**2020 Work RVU:** 0.21

**2007 NF PE RVU:** 4.47

**2020 NF PE RVU:** 3.65

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**NA

**Result:** PE Only

**RUC Recommendation:** New PE inputs

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

<b>96417</b>	<b>Chemotherapy administration, intravenous infusion technique; each additional sequential infusion (different substance/drug), up to 1 hour (List separately in addition to code for primary procedure)</b>	<b>Global:</b> ZZZ	<b>Issue:</b> Chemotherapy Administration	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2013	<b>Tab</b> 29 <b>Specialty Developing Recommendation:</b> ACRh, ASCO, ASH, ASBMT	<b>First Identified:</b> January 2012	<b>2019 est Medicare Utilization:</b> 388,626	<b>2007 Work RVU:</b> 0.21 <b>2007 NF PE RVU:</b> 1.89 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Maintain	<b>2020 Work RVU:</b> 0.21 <b>2020 NF PE RVU:</b> 1.66 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.21 and new PE inputs		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>	
<b>96440</b>	<b>Chemotherapy administration into pleural cavity, requiring and including thoracentesis</b>	<b>Global:</b> 000	<b>Issue:</b> Chemotherapy Administration	<b>Screen:</b> CMS Request - Practice Expense Review	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2008	<b>Tab</b> R <b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> NA	<b>2019 est Medicare Utilization:</b> 60	<b>2007 Work RVU:</b> 2.37 <b>2007 NF PE RVU:</b> 7.48 <b>2007 Fac PE RVU</b> 1.17 <b>Result:</b> PE Only	<b>2020 Work RVU:</b> 2.12 <b>2020 NF PE RVU:</b> 22.64 <b>2020 Fac PE RVU:</b> 0.97
<b>RUC Recommendation:</b> New PE inputs		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>	
<b>96567</b>	<b>Photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitive drug(s), per day</b>	<b>Global:</b> XXX	<b>Issue:</b> Photodynamic Therapy	<b>Screen:</b> High Volume Growth1 / CMS Fastest Growing / CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab</b> 16 <b>Specialty Developing Recommendation:</b> AAD	<b>First Identified:</b> February 2008	<b>2019 est Medicare Utilization:</b> 66,951	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> 2.4 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Maintain	<b>2020 Work RVU:</b> 0.00 <b>2020 NF PE RVU:</b> 3.76 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.00 PE Only		<b>Referred to CPT</b> September 2016 <b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>	

## Status Report: CMS Requests and Relativity Assessment Issues

96573	Photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day	Global: 000	Issue: Photodynamic Therapy	Screen: CMS High Expenditure Procedural Codes2	Complete? Yes				
Most Recent RUC Meeting:	January 2017	Tab 16	Specialty Developing Recommendation:	AAD	First Identified: January 2017	2019 est Medicare Utilization:	39,219	2007 Work RVU:	2020 Work RVU: 0.48
RUC Recommendation:	0.48				Referred to CPT	September 2016	Referred to CPT Asst	<input type="checkbox"/>	Published in CPT Asst:
								2007 NF PE RVU:	2020 NF PE RVU: 5.53
								2007 Fac PE RVU	2020 Fac PE RVU:NA
								Result:	Increase
96574	Debridement of premalignant hyperkeratotic lesion(s) (ie, targeted curettage, abrasion) followed with photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day	Global: 000	Issue: Photodynamic Therapy	Screen: CMS High Expenditure Procedural Codes2	Complete? Yes				
Most Recent RUC Meeting:	January 2017	Tab 16	Specialty Developing Recommendation:	AAD	First Identified: January 2017	2019 est Medicare Utilization:	48,673	2007 Work RVU:	2020 Work RVU: 1.01
RUC Recommendation:	1.01				Referred to CPT	September 2016	Referred to CPT Asst	<input type="checkbox"/>	Published in CPT Asst:
								2007 NF PE RVU:	2020 NF PE RVU: 6.52
								2007 Fac PE RVU	2020 Fac PE RVU:NA
								Result:	Increase
96910	Photochemotherapy; tar and ultraviolet B (Goeckerman treatment) or petrolatum and ultraviolet B	Global: XXX	Issue: Photo-chemotherapy	Screen: CMS High Expenditure Procedural Codes2	Complete? Yes				
Most Recent RUC Meeting:	April 2016	Tab 44	Specialty Developing Recommendation:	AAD	First Identified: July 2015	2019 est Medicare Utilization:	386,553	2007 Work RVU:	2020 Work RVU: 0.00
RUC Recommendation:	PE Only				Referred to CPT		Referred to CPT Asst	<input type="checkbox"/>	Published in CPT Asst:
								2007 NF PE RVU:	2020 NF PE RVU: 3.26
								2007 Fac PE RVU	2020 Fac PE RVU:NA
								Result:	PE Only

# Status Report: CMS Requests and Relativity Assessment Issues

<b>96920</b>	Laser treatment for inflammatory skin disease (psoriasis); total area less than 250 sq cm	<b>Global:</b> 000	<b>Issue:</b> Laser Treatment – Skin	<b>Screen:</b> CMS Fastest Growing / CPT Assistant Analysis / High Volume Growth3	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2019	<b>Tab</b> 17 <b>Specialty Developing Recommendation:</b> AAD	<b>First Identified:</b> October 2008	<b>2019 est Medicare Utilization:</b> 118,570	<b>2007 Work RVU:</b> 1.15 <b>2007 NF PE RVU:</b> 2.8 <b>2007 Fac PE RVU:</b> 0.57 <b>Result:</b> Maintain	<b>2020 Work RVU:</b> 1.15 <b>2020 NF PE RVU:</b> 3.41 <b>2020 Fac PE RVU:</b> 0.68
<b>RUC Recommendation:</b> 1.15. Review in two years (Oct 2021)		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>		<b>Published in CPT Asst:</b> Sep 2016	
<b>96921</b>	Laser treatment for inflammatory skin disease (psoriasis); 250 sq cm to 500 sq cm	<b>Global:</b> 000	<b>Issue:</b> Laser Treatment – Skin	<b>Screen:</b> High Volume Growth1 / CMS Fastest Growing / CPT Assistant Analysis / High Volume Growth3	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2019	<b>Tab</b> 17 <b>Specialty Developing Recommendation:</b> AAD	<b>First Identified:</b> February 2008	<b>2019 est Medicare Utilization:</b> 29,878	<b>2007 Work RVU:</b> 1.17 <b>2007 NF PE RVU:</b> 2.82 <b>2007 Fac PE RVU:</b> 0.57 <b>Result:</b> Increase	<b>2020 Work RVU:</b> 1.30 <b>2020 NF PE RVU:</b> 3.70 <b>2020 Fac PE RVU:</b> 0.76
<b>RUC Recommendation:</b> 1.30. Review in two years (Oct 2021)		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>		<b>Published in CPT Asst:</b> Sep 2016	
<b>96922</b>	Laser treatment for inflammatory skin disease (psoriasis); over 500 sq cm	<b>Global:</b> 000	<b>Issue:</b> Laser Treatment – Skin	<b>Screen:</b> High Volume Growth1 / CMS Fastest Growing / CPT Assistant Analysis	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2019	<b>Tab</b> 17 <b>Specialty Developing Recommendation:</b> AAD	<b>First Identified:</b> October 2008	<b>2019 est Medicare Utilization:</b> 15,528	<b>2007 Work RVU:</b> 2.10 <b>2007 NF PE RVU:</b> 3.77 <b>2007 Fac PE RVU:</b> 0.73 <b>Result:</b> Maintain	<b>2020 Work RVU:</b> 2.10 <b>2020 NF PE RVU:</b> 4.70 <b>2020 Fac PE RVU:</b> 1.22
<b>RUC Recommendation:</b> 2.10. Review in two years (Oct 2021)		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/>		<b>Published in CPT Asst:</b> Sep 2016	



# Status Report: CMS Requests and Relativity Assessment Issues

## 97001 Physical therapy evaluation

Global:

Issue: Physical Medicine and Rehabilitation Workgroup

Screen: CMS High Expenditure Procedural Codes1

Complete? Yes

Most Recent Tab 17 Specialty Developing  
RUC Meeting: October 2015 Recommendation:

First  
Identified: September 2011

2019 est  
Medicare  
Utilization:

2007 Work RVU: 1.20

2020 Work RVU:

2007 NF PE RVU: 0.73

2020 NF PE RVU:

2007 Fac PE RVU NA

2020 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2015

Referred to CPT Asst ☐ Published in CPT Asst:

## 97002 Physical therapy re-evaluation

Global:

Issue: Physical Medicine and Rehabilitation Workgroup

Screen: CMS High Expenditure Procedural Codes1

Complete? Yes

Most Recent Tab 17 Specialty Developing  
RUC Meeting: October 2015 Recommendation:

First  
Identified: February 2015

2019 est  
Medicare  
Utilization:

2007 Work RVU: 0.60

2020 Work RVU:

2007 NF PE RVU: 0.43

2020 NF PE RVU:

2007 Fac PE RVU NA

2020 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2015

Referred to CPT Asst ☐ Published in CPT Asst:

## 97003 Occupational therapy evaluation

Global:

Issue: Physical Medicine and Rehabilitation Workgroup

Screen: CMS High Expenditure Procedural Codes1

Complete? Yes

Most Recent Tab 17 Specialty Developing  
RUC Meeting: October 2015 Recommendation:

First  
Identified: February 2015

2019 est  
Medicare  
Utilization:

2007 Work RVU: 1.20

2020 Work RVU:

2007 NF PE RVU: 0.86

2020 NF PE RVU:

2007 Fac PE RVU NA

2020 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2015

Referred to CPT Asst ☐ Published in CPT Asst:

## 97004 Occupational therapy re-evaluation

Global:

Issue: Physical Medicine and Rehabilitation Workgroup

Screen: CMS High Expenditure Procedural Codes1

Complete? Yes

Most Recent Tab 17 Specialty Developing  
RUC Meeting: October 2015 Recommendation:

First  
Identified: February 2015

2019 est  
Medicare  
Utilization:

2007 Work RVU: 0.60

2020 Work RVU:

2007 NF PE RVU: 0.64

2020 NF PE RVU:

2007 Fac PE RVU NA

2020 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2015

Referred to CPT Asst ☐ Published in CPT Asst:

# Status Report: CMS Requests and Relativity Assessment Issues

<b>97010</b> Application of a modality to 1 or more areas; hot or cold packs				<b>Global:</b> XXX	<b>Issue:</b> Physical Medicine and Rehabilitation Services - Modalities	<b>Screen:</b> Physical Medicine and Rehabilitation Services	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2017	<b>Tab</b> 41	<b>Specialty Developing Recommendation:</b>	No Interest	<b>First Identified:</b> April 2016	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> 0.06 <b>2007 NF PE RVU:</b> 0.06 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Maintain	<b>2020 Work RVU:</b> 0.06 <b>2020 NF PE RVU:</b> 0.11 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> No specialty society interest				<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>							
<b>97012</b> Application of a modality to 1 or more areas; traction, mechanical				<b>Global:</b> XXX	<b>Issue:</b> Physical Medicine and Rehabilitation Services - Modalities	<b>Screen:</b> Physical Medicine and Rehabilitation Services	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab</b> 29	<b>Specialty Developing Recommendation:</b>	APTA	<b>First Identified:</b> April 2016	<b>2019 est Medicare Utilization:</b> 560,317	<b>2007 Work RVU:</b> 0.25 <b>2007 NF PE RVU:</b> 0.13 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Maintain	<b>2020 Work RVU:</b> 0.25 <b>2020 NF PE RVU:</b> 0.17 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.25				<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>							
<b>97014</b> Application of a modality to 1 or more areas; electrical stimulation (unattended)				<b>Global:</b> XXX	<b>Issue:</b> Physical Medicine and Rehabilitation Services - Modalities	<b>Screen:</b> Physical Medicine and Rehabilitation Services	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab</b> 29	<b>Specialty Developing Recommendation:</b>	APTA	<b>First Identified:</b> April 2016	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> 0.18 <b>2007 NF PE RVU:</b> 0.19 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Maintain	<b>2020 Work RVU:</b> 0.18 <b>2020 NF PE RVU:</b> 0.22 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.18				<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

# Status Report: CMS Requests and Relativity Assessment Issues

**97016** Application of a modality to 1 or more areas; vasopneumatic devices

**Global:** XXX

**Issue:** Physical Medicine and Rehabilitation Services - Modalities

**Screen:** Codes Reported Together 75% or More- Part1 / High Volume Growth2

**Complete?** Yes

**Most Recent RUC Meeting:** January 2017

**Tab 29 Specialty Developing Recommendation:** APTA

**First Identified:** February 2010

**2019 est Medicare Utilization:** 864,521

**2007 Work RVU:** 0.18  
**2007 NF PE RVU:** 0.2  
**2007 Fac PE RVU** NA  
**Result:** Maintain

**2020 Work RVU:** 0.18  
**2020 NF PE RVU:** 0.16  
**2020 Fac PE RVU:** NA

**RUC Recommendation:** 0.18

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

**97018** Application of a modality to 1 or more areas; paraffin bath

**Global:** XXX

**Issue:** Physical Medicine and Rehabilitation Services - Modalities

**Screen:** Codes Reported Together 75% or More- Part1

**Complete?** Yes

**Most Recent RUC Meeting:** January 2017

**Tab 29 Specialty Developing Recommendation:** AOTA, APTA

**First Identified:** February 2010

**2019 est Medicare Utilization:** 174,530

**2007 Work RVU:** 0.06  
**2007 NF PE RVU:** 0.12  
**2007 Fac PE RVU** NA  
**Result:** Maintain

**2020 Work RVU:** 0.06  
**2020 NF PE RVU:** 0.10  
**2020 Fac PE RVU:** NA

**RUC Recommendation:** 0.06

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

**97022** Application of a modality to 1 or more areas; whirlpool

**Global:** XXX

**Issue:** Physical Medicine and Rehabilitation Services - Modalities

**Screen:** Physical Medicine and Rehabilitation Services

**Complete?** Yes

**Most Recent RUC Meeting:** January 2017

**Tab 29 Specialty Developing Recommendation:** APTA

**First Identified:** April 2016

**2019 est Medicare Utilization:** 193,036

**2007 Work RVU:** 0.17  
**2007 NF PE RVU:** 0.24  
**2007 Fac PE RVU** NA  
**Result:** Maintain

**2020 Work RVU:** 0.17  
**2020 NF PE RVU:** 0.33  
**2020 Fac PE RVU:** NA

**RUC Recommendation:** 0.17

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

## Status Report: CMS Requests and Relativity Assessment Issues

<b>97032</b>	Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes	<b>Global:</b> XXX	<b>Issue:</b> Physical Medicine and Rehabilitation Services - Modalities	<b>Screen:</b> CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab</b> 29 <b>Specialty Developing Recommendation:</b> APTA	<b>First Identified:</b> July 2015	<b>2019 est Medicare Utilization:</b> 849,666	<b>2007 Work RVU:</b> 0.25 <b>2007 NF PE RVU:</b> 0.17 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Maintain	<b>2020 Work RVU:</b> 0.25 <b>2020 NF PE RVU:</b> 0.16 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.25		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>					
<b>97033</b>	Application of a modality to 1 or more areas; iontophoresis, each 15 minutes	<b>Global:</b> XXX	<b>Issue:</b> Physical Medicine and Rehabilitation Services - Modalities	<b>Screen:</b> Physical Medicine and Rehabilitation Services	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab</b> 29 <b>Specialty Developing Recommendation:</b> APTA	<b>First Identified:</b> April 2016	<b>2019 est Medicare Utilization:</b> 56,451	<b>2007 Work RVU:</b> 0.26 <b>2007 NF PE RVU:</b> 0.31 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Maintain	<b>2020 Work RVU:</b> 0.26 <b>2020 NF PE RVU:</b> 0.32 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.26		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>					
<b>97034</b>	Application of a modality to 1 or more areas; contrast baths, each 15 minutes	<b>Global:</b> XXX	<b>Issue:</b> Physical Medicine and Rehabilitation Services - Modalities	<b>Screen:</b> Physical Medicine and Rehabilitation Services	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab</b> 29 <b>Specialty Developing Recommendation:</b> APTA, AOTA	<b>First Identified:</b> April 2016	<b>2019 est Medicare Utilization:</b> 8,235	<b>2007 Work RVU:</b> 0.21 <b>2007 NF PE RVU:</b> 0.16 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Maintain	<b>2020 Work RVU:</b> 0.21 <b>2020 NF PE RVU:</b> 0.21 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.21		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

# Status Report: CMS Requests and Relativity Assessment Issues

<b>97035</b>	Application of a modality to 1 or more areas; ultrasound, each 15 minutes	<b>Global:</b> XXX	<b>Issue:</b> Physical Medicine and Rehabilitation Services - Modalities	<b>Screen:</b> Low Value-High Volume / CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab</b> 29 <b>Specialty Developing Recommendation:</b> APTA	<b>First Identified:</b> October 2010	<b>2019 est Medicare Utilization:</b> 2,002,641	<b>2007 Work RVU:</b> 0.21 <b>2007 NF PE RVU:</b> 0.1 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Maintain	<b>2020 Work RVU:</b> 0.21 <b>2020 NF PE RVU:</b> 0.19 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.21		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>97110</b>	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	<b>Global:</b> XXX	<b>Issue:</b> Physical Medicine and Rehabilitation Services - Therapeutic	<b>Screen:</b> Codes Reported Together 75% or More-Part1 / MPC List / CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab</b> 29 <b>Specialty Developing Recommendation:</b> AOTA, APTA	<b>First Identified:</b> February 2010	<b>2019 est Medicare Utilization:</b> 60,569,850	<b>2007 Work RVU:</b> 0.45 <b>2007 NF PE RVU:</b> 0.28 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Maintain	<b>2020 Work RVU:</b> 0.45 <b>2020 NF PE RVU:</b> 0.40 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.45		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>97112</b>	Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities	<b>Global:</b> XXX	<b>Issue:</b> Physical Medicine and Rehabilitation Services - Therapeutic	<b>Screen:</b> CMS High Expenditure Procedural Codes1 / CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab</b> 29 <b>Specialty Developing Recommendation:</b> APTA, AOTA	<b>First Identified:</b> September 2011	<b>2019 est Medicare Utilization:</b> 18,084,367	<b>2007 Work RVU:</b> 0.45 <b>2007 NF PE RVU:</b> 0.32 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Increase	<b>2020 Work RVU:</b> 0.50 <b>2020 NF PE RVU:</b> 0.48 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.50		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

# Status Report: CMS Requests and Relativity Assessment Issues

97113	Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises			Global: XXX	Issue: Physical Medicine and Rehabilitation Services - Therapeutic	Screen: CMS High Expenditure Procedural Codes2	Complete? Yes
Most Recent RUC Meeting:	January 2017	Tab 29	Specialty Developing Recommendation:	APTA	First Identified: July 2015	2019 est Medicare Utilization: 1,811,269	2007 Work RVU: 0.44 2007 NF PE RVU: 0.43 2007 Fac PE RVU NA 2020 Work RVU: 0.48 2020 NF PE RVU: 0.60 2020 Fac PE RVU:NA
RUC Recommendation: 0.48					Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Increase
97116	Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)			Global: XXX	Issue: Physical Medicine and Rehabilitation Services - Therapeutic	Screen: Codes Reported Together 75% or More- Part1 / CMS High Expenditure Procedural Codes2	Complete? Yes
Most Recent RUC Meeting:	January 2017	Tab 29	Specialty Developing Recommendation:	APTA	First Identified: February 2010	2019 est Medicare Utilization: 2,661,789	2007 Work RVU: 0.40 2007 NF PE RVU: 0.25 2007 Fac PE RVU NA 2020 Work RVU: 0.45 2020 NF PE RVU: 0.39 2020 Fac PE RVU:NA
RUC Recommendation: 0.45					Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Increase
97127	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing and sequencing tasks), direct (one-on-one) patient contact			Global:	Issue: Cognitive Function Intervention	Screen: High Volume Growth3	Complete? Yes
Most Recent RUC Meeting:	January 2017	Tab 29	Specialty Developing Recommendation:		First Identified: January 2017	2019 est Medicare Utilization:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU 2020 Work RVU: 2020 NF PE RVU: 2020 Fac PE RVU:
RUC Recommendation: 1.50					Referred to CPT September 2016 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Decrease

# Status Report: CMS Requests and Relativity Assessment Issues

<b>97140</b>	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes	<b>Global:</b> XXX	<b>Issue:</b> Physical Medicine and Rehabilitation Services - Therapeutic	<b>Screen:</b> CMS High Expenditure Procedural Codes1 / CMS High Expenditure Procedural Codes2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab</b> 29 <b>Specialty Developing Recommendation:</b> APTA	<b>First Identified:</b> September 2011	<b>2019 est Medicare Utilization:</b> 29,711,740	<b>2007 Work RVU:</b> 0.43 <b>2007 NF PE RVU:</b> 0.26 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Maintain	<b>2020 Work RVU:</b> 0.43 <b>2020 NF PE RVU:</b> 0.35 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.43		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>97150</b>	Therapeutic procedure(s), group (2 or more individuals)	<b>Global:</b> XXX	<b>Issue:</b> Physical Medicine and Rehabilitation Services - Therapeutic	<b>Screen:</b> CMS-Other - Utilization over 500,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2012	<b>Tab</b> <b>Specialty Developing Recommendation:</b> APTA	<b>First Identified:</b> April 2011	<b>2019 est Medicare Utilization:</b> 1,433,348	<b>2007 Work RVU:</b> 0.27 <b>2007 NF PE RVU:</b> 0.19 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Increase	<b>2020 Work RVU:</b> 0.29 <b>2020 NF PE RVU:</b> 0.22 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.29		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<b>97161</b>	Physical therapy evaluation: low complexity, requiring these components: A history with no personal factors and/or comorbidities that impact the plan of care; An examination of body system(s) using standardized tests and measures addressing 1-2 elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with stable and/or uncomplicated characteristics; and Clinical decision making of low complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 20 minutes are spent face-to-face with the patient and/or family.	<b>Global:</b> XXX	<b>Issue:</b> Physical Medicine and Rehabilitation Services	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2015	<b>Tab</b> 17 <b>Specialty Developing Recommendation:</b> AOTA, APTA	<b>First Identified:</b> February 2015	<b>2019 est Medicare Utilization:</b> 1,552,998	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU</b> <b>Result:</b> Decrease	<b>2020 Work RVU:</b> 1.20 <b>2020 NF PE RVU:</b> 1.18 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.75		<b>Referred to CPT</b> February 2015 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

## Status Report: CMS Requests and Relativity Assessment Issues

<b>97162</b> Physical therapy evaluation: moderate complexity, requiring these components: A history of present problem with 1-2 personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures in addressing a total of 3 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; An evolving clinical presentation with changing characteristics; and Clinical decision making of moderate complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 30 minutes are spent face-to-face with the patient and/or family.		<b>Global:</b> XXX	<b>Issue:</b> Physical Medicine and Rehabilitation Services	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2015	<b>Tab 17</b>	<b>Specialty Developing Recommendation:</b> AOTA, APTA	<b>First Identified:</b> February 2015	<b>2019 est Medicare Utilization:</b> 1,386,353	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU</b> <b>Result:</b> Decrease
<b>RUC Recommendation:</b> 1.18			<b>Referred to CPT</b> February 2015 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> 1.20 <b>2020 NF PE RVU:</b> 1.18 <b>2020 Fac PE RVU:</b> NA
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<b>97163</b> Physical therapy evaluation: high complexity, requiring these components: A history of present problem with 3 or more personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures addressing a total of 4 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with unstable and unpredictable characteristics; and Clinical decision making of high complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 45 minutes are spent face-to-face with the patient and/or family.		<b>Global:</b> XXX	<b>Issue:</b> Physical Medicine and Rehabilitation Services	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2015	<b>Tab 17</b>	<b>Specialty Developing Recommendation:</b> AOTA, APTA	<b>First Identified:</b> February 2015	<b>2019 est Medicare Utilization:</b> 318,604	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU</b> <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 1.50			<b>Referred to CPT</b> February 2015 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> 1.20 <b>2020 NF PE RVU:</b> 1.18 <b>2020 Fac PE RVU:</b> NA



## Status Report: CMS Requests and Relativity Assessment Issues

**97164** Re-evaluation of physical therapy established plan of care, requiring these components: An examination including a review of history and use of standardized tests and measures is required; and Revised plan of care using a standardized patient assessment instrument and/or measurable assessment of functional outcome Typically, 20 minutes are spent face-to-face with the patient and/or family.

**Global:** XXX **Issue:** Physical Medicine and Rehabilitation Services **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

**Most Recent RUC Meeting:** October 2015

**Tab 17 Specialty Developing Recommendation:** AOTA, APTA

**First Identified:** February 2015

**2019 est Medicare Utilization:** 585,829

**2007 Work RVU:**

**2020 Work RVU:** 0.75

**2007 NF PE RVU:**

**2020 NF PE RVU:** 0.89

**2007 Fac PE RVU**

**2020 Fac PE RVU:** NA

**Result:** Increase

**RUC Recommendation:** 0.75

**Referred to CPT** February 2015

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

**97165** Occupational therapy evaluation, low complexity, requiring these components: An occupational profile and medical and therapy history, which includes a brief history including review of medical and/or therapy records relating to the presenting problem; An assessment(s) that identifies 1-3 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of low complexity, which includes an analysis of the occupational profile, analysis of data from problem-focused assessment(s), and consideration of a limited number of treatment options. Patient presents with no comorbidities that affect occupational performance. Modification of tasks or assistance (eg, physical or verbal) with assessment(s) is not necessary to enable completion of evaluation component. Typically, 30 minutes are spent face-to-face with the patient and/or family.

**Global:** XXX **Issue:** Physical Medicine and Rehabilitation Services **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

**Most Recent RUC Meeting:** October 2015

**Tab 17 Specialty Developing Recommendation:** AOTA, APTA

**First Identified:** February 2015

**2019 est Medicare Utilization:** 146,443

**2007 Work RVU:**

**2020 Work RVU:** 1.20

**2007 NF PE RVU:**

**2020 NF PE RVU:** 1.33

**2007 Fac PE RVU**

**2020 Fac PE RVU:** NA

**Result:** Decrease

**RUC Recommendation:** 0.88

**Referred to CPT** February 2015

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

# Status Report: CMS Requests and Relativity Assessment Issues

<b>97166</b> Occupational therapy evaluation, moderate complexity, requiring these components: An occupational profile and medical and therapy history, which includes an expanded review of medical and/or therapy records and additional review of physical, cognitive, or psychosocial history related to current functional performance; An assessment(s) that identifies 3-5 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of moderate analytic complexity, which includes an analysis of the occupational profile, analysis of data from detailed assessment(s), and consideration of several treatment options. Patient may present with comorbidities that affect occupational performance. Minimal to moderate modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. Typically, 45 minutes are spent face-to-face with the patient and/or family.	<b>Global:</b> XXX	<b>Issue:</b> Physical Medicine and Rehabilitation Services	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2015	<b>Tab 17 Specialty Developing Recommendation:</b> AOTA, APTA	<b>First Identified:</b> February 2015	<b>2019 est Medicare Utilization:</b> 101,883	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Maintain <b>2020 Work RVU:</b> 1.20 <b>2020 NF PE RVU:</b> 1.32 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 1.20	<b>Referred to CPT</b> February 2015	<b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		

<b>97167</b> Occupational therapy evaluation, high complexity, requiring these components: An occupational profile and medical and therapy history, which includes review of medical and/or therapy records and extensive additional review of physical, cognitive, or psychosocial history related to current functional performance; An assessment(s) that identifies 5 or more performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of high analytic complexity, which includes an analysis of the patient profile, analysis of data from comprehensive assessment(s), and consideration of multiple treatment options. Patient presents with comorbidities that affect occupational performance. Significant modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. Typically, 60 minutes are spent face-to-face with the patient and/or family.	<b>Global:</b> XXX	<b>Issue:</b> Physical Medicine and Rehabilitation Services	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2015	<b>Tab 17 Specialty Developing Recommendation:</b> AOTA, APTA	<b>First Identified:</b> February 2015	<b>2019 est Medicare Utilization:</b> 22,637	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU Result:</b> Increase <b>2020 Work RVU:</b> 1.20 <b>2020 NF PE RVU:</b> 1.32 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 1.70	<b>Referred to CPT</b> February 2015	<b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		

# Status Report: CMS Requests and Relativity Assessment Issues

97168	Re-evaluation of occupational therapy established plan of care, requiring these components: An assessment of changes in patient functional or medical status with revised plan of care; An update to the initial occupational profile to reflect changes in condition or environment that affect future interventions and/or goals; and A revised plan of care. A formal reevaluation is performed when there is a documented change in functional status or a significant change to the plan of care is required. Typically, 30 minutes are spent face-to-face with the patient and/or family.			Global: XXX	Issue: Physical Medicine and Rehabilitation Services	Screen: CMS High Expenditure Procedural Codes1	Complete? Yes	
Most Recent RUC Meeting:	October 2015	Tab 17	Specialty Developing Recommendation:	AOTA, APTA	First Identified: February 2015	2019 est Medicare Utilization: 33,480	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Increase	2020 Work RVU: 0.75 2020 NF PE RVU: 1.00 2020 Fac PE RVU:NA
RUC Recommendation:	0.80				Referred to CPT February 2015 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
97530	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes			Global: XXX	Issue: Physical Medicine and Rehabilitation Services - Therapeutic	Screen: CMS High Expenditure Procedural Codes1 / CMS High Expenditure Procedural Codes2	Complete? Yes	
Most Recent RUC Meeting:	January 2017	Tab 29	Specialty Developing Recommendation:	APTA, AOTA	First Identified: September 2011	2019 est Medicare Utilization: 20,151,706	2007 Work RVU: 0.44 2007 NF PE RVU: 0.34 2007 Fac PE RVU NA Result: Maintain	2020 Work RVU: 0.44 2020 NF PE RVU: 0.66 2020 Fac PE RVU:NA
RUC Recommendation:	0.44				Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
97532	Development of cognitive skills to improve attention, memory, problem solving (includes compensatory training), direct (one-on-one) patient contact, each 15 minutes			Global:	Issue: Cognitive Function Intervention	Screen: High Volume Growth2 / High Volume Growth3	Complete? Yes	
Most Recent RUC Meeting:	January 2017	Tab 29	Specialty Developing Recommendation:	APTA, AOTA, ASHA, APA (psychology)	First Identified: April 2013	2019 est Medicare Utilization:	2007 Work RVU: 0.44 2007 NF PE RVU: 0.21 2007 Fac PE RVU NA	2020 Work RVU: 2020 NF PE RVU: 2020 Fac PE RVU:
RUC Recommendation:	Deleted from CPT				Referred to CPT September 2016 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Deleted from CPT	

# Status Report: CMS Requests and Relativity Assessment Issues

<b>97533</b> Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	<b>Global:</b> XXX	<b>Issue:</b> Physical Medicine and Rehabilitation Services - ADL/IADL	<b>Screen:</b> Physical Medicine and Rehabilitation Services	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab 29 Specialty Developing Recommendation:</b> APTA, AOTA	<b>First Identified:</b> April 2016	<b>2019 est Medicare Utilization:</b> 21,250	<b>2007 Work RVU:</b> 0.44 <b>2007 NF PE RVU:</b> 0.25 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Increase <b>2020 Work RVU:</b> 0.48 <b>2020 NF PE RVU:</b> 0.97 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.48	<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			
<b>97535</b> Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes	<b>Global:</b> XXX	<b>Issue:</b> Physical Medicine and Rehabilitation Services - ADL/IADL	<b>Screen:</b> Codes Reported Together 75% or More-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab 29 Specialty Developing Recommendation:</b> APTA, AOTA	<b>First Identified:</b> October 2012	<b>2019 est Medicare Utilization:</b> 1,942,480	<b>2007 Work RVU:</b> 0.45 <b>2007 NF PE RVU:</b> 0.34 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Maintain <b>2020 Work RVU:</b> 0.45 <b>2020 NF PE RVU:</b> 0.50 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.45	<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input checked="" type="checkbox"/> <b>Published in CPT Asst:</b> Article no longer necessary			
<b>97537</b> Community/work reintegration training (eg, shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one contact, each 15 minutes	<b>Global:</b> XXX	<b>Issue:</b> Physical Medicine and Rehabilitation Services - ADL/IADL	<b>Screen:</b> Physical Medicine and Rehabilitation Services	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab 29 Specialty Developing Recommendation:</b> APTA, AOTA	<b>First Identified:</b> April 2016	<b>2019 est Medicare Utilization:</b> 23,275	<b>2007 Work RVU:</b> 0.45 <b>2007 NF PE RVU:</b> 0.27 <b>2007 Fac PE RVU</b> NA <b>Result:</b> Increase <b>2020 Work RVU:</b> 0.48 <b>2020 NF PE RVU:</b> 0.43 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.48	<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			

# Status Report: CMS Requests and Relativity Assessment Issues

<b>97542</b>	Wheelchair management (eg, assessment, fitting, training), each 15 minutes	<b>Global:</b> XXX	<b>Issue:</b> Physical Medicine and Rehabilitation Services - Therapeutic	<b>Screen:</b> High Volume Growth2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab 29</b>	<b>Specialty Developing Recommendation:</b> APTA, AOTA	<b>First Identified:</b> April 2013	<b>2019 est Medicare Utilization:</b> 61,278	<b>2007 Work RVU:</b> 0.45 <b>2007 NF PE RVU:</b> 0.28 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Increase <b>2020 Work RVU:</b> 0.48 <b>2020 NF PE RVU:</b> 0.44 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.48			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
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<b>97597</b>	Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; first 20 sq cm or less	<b>Global:</b> 000	<b>Issue:</b> Open Wound Debridement	<b>Screen:</b> Site of Service Anomaly / High Volume Growth3	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2018	<b>Tab 23</b>	<b>Specialty Developing Recommendation:</b> AAFP, ACS, APMA	<b>First Identified:</b> September 2007	<b>2019 est Medicare Utilization:</b> 897,614	<b>2007 Work RVU:</b> 0.58 <b>2007 NF PE RVU:</b> 0.77 <b>2007 Fac PE RVU:</b> 0.53 <b>Result:</b> Increase <b>2020 Work RVU:</b> 0.77 <b>2020 NF PE RVU:</b> 1.91 <b>2020 Fac PE RVU:</b> 0.22
<b>RUC Recommendation:</b> 0.88			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
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<b>97598</b>	Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	<b>Global:</b> ZZZ	<b>Issue:</b> Open Wound Debridement	<b>Screen:</b> Site of Service Anomaly / High Volume Growth3 / Different Performing Specialty from Survey	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2018	<b>Tab 23</b>	<b>Specialty Developing Recommendation:</b> AAFP, ACS, APMA	<b>First Identified:</b> September 2007	<b>2019 est Medicare Utilization:</b> 135,670	<b>2007 Work RVU:</b> 0.80 <b>2007 NF PE RVU:</b> 0.91 <b>2007 Fac PE RVU:</b> 0.64 <b>Result:</b> Increase <b>2020 Work RVU:</b> 0.50 <b>2020 NF PE RVU:</b> 0.75 <b>2020 Fac PE RVU:</b> 0.18
<b>RUC Recommendation:</b> 0.50			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	

# Status Report: CMS Requests and Relativity Assessment Issues

<b>97602</b>	Removal of devitalized tissue from wound(s), non-selective debridement, without anesthesia (eg, wet-to-moist dressings, enzymatic, abrasion, larval therapy), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session	<b>Global:</b> XXX	<b>Issue:</b> Physical Medicine and Rehabilitation Services - Active Wound Care Management	<b>Screen:</b> Physical Medicine and Rehabilitation Services	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab 47</b>	<b>Specialty Developing Recommendation:</b> AAOS, ACS, APMA, ASPS	<b>First Identified:</b> April 2016	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> 0 <b>2007 Fac PE RVU:</b> 0 <b>Result:</b> Maintain <b>2020 Work RVU:</b> 0.00 <b>2020 NF PE RVU:</b> 0.00 <b>2020 Fac PE RVU:</b> 0.00
<b>RUC Recommendation:</b> Maintain			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
<hr/>					
<b>97605</b>	Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters	<b>Global:</b> XXX	<b>Issue:</b> Negative Pressure Wound Therapy	<b>Screen:</b> High Volume Growth2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab 47</b>	<b>Specialty Developing Recommendation:</b> AAOS, ACS, APMA, ASPS	<b>First Identified:</b> April 2013	<b>2019 est Medicare Utilization:</b> 51,268	<b>2007 Work RVU:</b> 0.55 <b>2007 NF PE RVU:</b> 0.36 <b>2007 Fac PE RVU:</b> 0.2 <b>Result:</b> Maintain <b>2020 Work RVU:</b> 0.55 <b>2020 NF PE RVU:</b> 0.67 <b>2020 Fac PE RVU:</b> 0.17
<b>RUC Recommendation:</b> 0.55			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
<hr/>					
<b>97606</b>	Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters	<b>Global:</b> XXX	<b>Issue:</b> Negative Pressure Wound Therapy	<b>Screen:</b> High Volume Growth2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2016	<b>Tab 47</b>	<b>Specialty Developing Recommendation:</b> APMA, ACS, AAOS, ASPS	<b>First Identified:</b> April 2013	<b>2019 est Medicare Utilization:</b> 15,612	<b>2007 Work RVU:</b> 0.60 <b>2007 NF PE RVU:</b> 0.37 <b>2007 Fac PE RVU:</b> 0.21 <b>Result:</b> Maintain <b>2020 Work RVU:</b> 0.60 <b>2020 NF PE RVU:</b> 0.84 <b>2020 Fac PE RVU:</b> 0.18
<b>RUC Recommendation:</b> 0.60			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	

## Status Report: CMS Requests and Relativity Assessment Issues

**97607** Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters **Global:** XXX **Issue:** Negative Pressure Wound Therapy **Screen:** High Volume Growth2 **Complete?** Yes

**Most Recent** **Tab** 47 **Specialty Developing** APMA, ACS, **First** **2019 est** **2007 Work RVU:** **2020 Work RVU:** 0.41  
**RUC Meeting:** April 2016 **Recommendation:** AAOS, ASPS **Identified:** May 2013 **Medicare** **2007 NF PE RVU:** **2020 NF PE RVU:** 9.01  
**Utilization:** 5,825 **2007 Fac PE RVU** **2020 Fac PE RVU:** 0.16  
**Result:** Decrease  
**RUC Recommendation:** 0.11 **Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**97608** Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters **Global:** XXX **Issue:** Negative Pressure Wound Therapy **Screen:** High Volume Growth2 **Complete?** Yes

**Most Recent** **Tab** 47 **Specialty Developing** APMA, ACS, **First** **2019 est** **2007 Work RVU:** **2020 Work RVU:** 0.46  
**RUC Meeting:** April 2016 **Recommendation:** AAOS, ASPS **Identified:** May 2013 **Medicare** **2007 NF PE RVU:** **2020 NF PE RVU:** 8.98  
**Utilization:** 1,172 **2007 Fac PE RVU** **2020 Fac PE RVU:** 0.18  
**Result:** Decrease  
**RUC Recommendation:** 0.46 **Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**

**97610** Low frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed, wound assessment, and instruction(s) for ongoing care, per day **Global:** XXX **Issue:** Physical Medicine and Rehabilitation Services - Active Wound Care Management **Screen:** Physical Medicine and Rehabilitation Services **Complete?** Yes

**Most Recent** **Tab** 47 **Specialty Developing** **First** **2019 est** **2007 Work RVU:** **2020 Work RVU:** 0.40  
**RUC Meeting:** April 2016 **Recommendation:** **Identified:** April 2016 **Medicare** **2007 NF PE RVU:** **2020 NF PE RVU:** 8.73  
**Utilization:** 12,331 **2007 Fac PE RVU** **2020 Fac PE RVU:** 0.12  
**Result:** Maintain  
**RUC Recommendation:** Maintain **Referred to CPT**  
**Referred to CPT Asst** ☐ **Published in CPT Asst:**



## Status Report: CMS Requests and Relativity Assessment Issues

**97755** Assistive technology assessment (eg, to restore, augment or compensate for existing function, optimize functional tasks and/or maximize environmental accessibility), direct one-on-one contact, with written report, each 15 minutes **Global:** XXX **Issue:** Physical Medicine and Rehabilitation Services - Tests and Measures **Screen:** High Volume Growth1 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2016

**Tab 47** **Specialty Developing** APTA, AOTA  
**Recommendation:**

**First Identified:** February 2008

**2019 est**  
**Medicare**  
**Utilization:** 2,693

**2007 Work RVU:** 0.62

**2020 Work RVU:** 0.62

**2007 NF PE RVU:** 0.28

**2020 NF PE RVU:** 0.45

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**NA

**Result:** Remove from screen

**RUC Recommendation:** Remove from screen

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**97760** Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(ies), lower extremity(ies) and/or trunk, initial orthotic(s) encounter, each 15 minutes **Global:** XXX **Issue:** Orthotic Management and Prosthetic Training **Screen:** Physical Medicine and Rehabilitation Services **Complete?** Yes

**Most Recent**  
**RUC Meeting:** January 2017

**Tab 29** **Specialty Developing** APTA, AOTA  
**Recommendation:**

**First Identified:** April 2016

**2019 est**  
**Medicare**  
**Utilization:** 57,907

**2007 Work RVU:** 0.45

**2020 Work RVU:** 0.50

**2007 NF PE RVU:** 0.36

**2020 NF PE RVU:** 0.88

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**NA

**Result:** Increase

**RUC Recommendation:** 0.50

**Referred to CPT** September 2016

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**97761** Prosthetic(s) training, upper and/or lower extremity(ies), initial prosthetic(s) encounter, each 15 minutes **Global:** XXX **Issue:** Orthotic Management and Prosthetic Training **Screen:** Physical Medicine and Rehabilitation Services **Complete?** Yes

**Most Recent**  
**RUC Meeting:** January 2017

**Tab 29** **Specialty Developing** APTA  
**Recommendation:**

**First Identified:** April 2016

**2019 est**  
**Medicare**  
**Utilization:** 2,698

**2007 Work RVU:** 0.45

**2020 Work RVU:** 0.50

**2007 NF PE RVU:** 0.29

**2020 NF PE RVU:** 0.67

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**NA

**Result:** Increase

**RUC Recommendation:** 0.50

**Referred to CPT** September 2016

**Referred to CPT Asst** ☐

**Published in CPT Asst:**



# Status Report: CMS Requests and Relativity Assessment Issues

**97762** Checkout for orthotic/prosthetic use, established patient, each 15 minutes      **Global:**      **Issue:** Orthotic Management and Prosthetic Training      **Screen:** Physical Medicine and Rehabilitation Services      **Complete?** Yes

**Most Recent RUC Meeting:** January 2017      **Tab** 29      **Specialty Developing Recommendation:** APTA      **First Identified:** April 2016      **2019 est Medicare Utilization:**      **2007 Work RVU:** 0.25      **2020 Work RVU:**      **2007 NF PE RVU:** 0.5      **2020 NF PE RVU:**      **2007 Fac PE RVU** NA      **2020 Fac PE RVU:**      **Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT      **Referred to CPT** September 2016      **Referred to CPT Asst** ☐      **Published in CPT Asst:**

**97763** Orthotic(s)/prosthetic(s) management and/or training, upper extremity(ies), lower extremity(ies), and/or trunk, subsequent orthotic(s)/prosthetic(s) encounter, each 15 minutes      **Global:** XXX      **Issue:** Orthotic Management and Prosthetic Training      **Screen:** Physical Medicine and Rehabilitation Services      **Complete?** Yes

**Most Recent RUC Meeting:** January 2017      **Tab** 29      **Specialty Developing Recommendation:** APTA, AOTA      **First Identified:** April 2016      **2019 est Medicare Utilization:** 38,754      **2007 Work RVU:**      **2020 Work RVU:** 0.48      **2007 NF PE RVU:**      **2020 NF PE RVU:** 1.00      **2007 Fac PE RVU**      **2020 Fac PE RVU:** NA      **Result:** Increase

**RUC Recommendation:** 0.48      **Referred to CPT**      **Referred to CPT Asst** ☐      **Published in CPT Asst:**

**97802** Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes      **Global:** XXX      **Issue:** Medical Nutrition Therapy      **Screen:** CMS Request - Medical Nutrition Therapy      **Complete?** Yes

**Most Recent RUC Meeting:** April 2008      **Tab** 53      **Specialty Developing Recommendation:** ADA, AGA, AACE      **First Identified:** NA      **2019 est Medicare Utilization:** 224,711      **2007 Work RVU:** 0.45      **2020 Work RVU:** 0.53      **2007 NF PE RVU:** 0.39      **2020 NF PE RVU:** 0.51      **2007 Fac PE RVU** 0.38      **2020 Fac PE RVU:** 0.41      **Result:** Increase

**RUC Recommendation:** 0.53      **Referred to CPT**      **Referred to CPT Asst** ☐      **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**97803** Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes **Global:** XXX **Issue:** Medical Nutrition Therapy **Screen:** CMS Request - Medical Nutrition Therapy **Complete?** Yes

**Most Recent RUC Meeting:** April 2008 **Tab** 53 **Specialty Developing Recommendation:** ADA, AGA, AACE **First Identified:** NA **2019 est Medicare Utilization:** 211,418 **2007 Work RVU:** 0.37 **2020 Work RVU:** 0.45 **2007 NF PE RVU:** 0.38 **2020 NF PE RVU:** 0.45 **2007 Fac PE RVU:** 0.38 **2020 Fac PE RVU:** 0.34 **Result:** Increase

**RUC Recommendation:** 0.45 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**98925** Osteopathic manipulative treatment (OMT); 1-2 body regions involved **Global:** 000 **Issue:** Osteopathic Manipulative Treatment **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

**Most Recent RUC Meeting:** February 2011 **Tab** 34 **Specialty Developing Recommendation:** AOA **First Identified:** February 2010 **2019 est Medicare Utilization:** 65,014 **2007 Work RVU:** 0.45 **2020 Work RVU:** 0.46 **2007 NF PE RVU:** 0.31 **2020 NF PE RVU:** 0.40 **2007 Fac PE RVU:** 0.14 **2020 Fac PE RVU:** 0.19 **Result:** Increase

**RUC Recommendation:** 0.50 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**98926** Osteopathic manipulative treatment (OMT); 3-4 body regions involved **Global:** 000 **Issue:** Osteopathic Manipulative Treatment **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

**Most Recent RUC Meeting:** February 2011 **Tab** 34 **Specialty Developing Recommendation:** AOA **First Identified:** October 2009 **2019 est Medicare Utilization:** 109,622 **2007 Work RVU:** 0.65 **2020 Work RVU:** 0.71 **2007 NF PE RVU:** 0.4 **2020 NF PE RVU:** 0.53 **2007 Fac PE RVU:** 0.23 **2020 Fac PE RVU:** 0.27 **Result:** Increase

**RUC Recommendation:** 0.75 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**98927** Osteopathic manipulative treatment (OMT); 5-6 body regions involved **Global:** 000 **Issue:** Osteopathic Manipulative Treatment **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

**Most Recent RUC Meeting:** February 2011 **Tab** 34 **Specialty Developing Recommendation:** AOA **First Identified:** October 2009 **2019 est Medicare Utilization:** 99,716 **2007 Work RVU:** 0.87 **2020 Work RVU:** 0.96 **2007 NF PE RVU:** 0.49 **2020 NF PE RVU:** 0.67 **2007 Fac PE RVU:** 0.28 **2020 Fac PE RVU:** 0.34 **Result:** Increase

**RUC Recommendation:** 1.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

<b>98928</b>	Osteopathic manipulative treatment (OMT); 7-8 body regions involved			<b>Global:</b> 000	<b>Issue:</b> Osteopathic Manipulative Treatment	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2011	<b>Tab</b> 34	<b>Specialty Developing Recommendation:</b>	AOA	<b>First Identified:</b> February 2010	<b>2019 est Medicare Utilization:</b> 99,045	<b>2007 Work RVU:</b> 1.03 <b>2007 NF PE RVU:</b> 0.57 <b>2007 Fac PE RVU:</b> 0.32 <b>Result:</b> Increase	<b>2020 Work RVU:</b> 1.21 <b>2020 NF PE RVU:</b> 0.78 <b>2020 Fac PE RVU:</b> 0.42
<b>RUC Recommendation:</b> 1.25				<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>							
<b>98929</b>	Osteopathic manipulative treatment (OMT); 9-10 body regions involved			<b>Global:</b> 000	<b>Issue:</b> Osteopathic Manipulative Treatment	<b>Screen:</b> Harvard Valued - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> February 2011	<b>Tab</b> 34	<b>Specialty Developing Recommendation:</b>	AOA	<b>First Identified:</b> February 2010	<b>2019 est Medicare Utilization:</b> 76,576	<b>2007 Work RVU:</b> 1.19 <b>2007 NF PE RVU:</b> 0.65 <b>2007 Fac PE RVU:</b> 0.35 <b>Result:</b> Increase	<b>2020 Work RVU:</b> 1.46 <b>2020 NF PE RVU:</b> 0.90 <b>2020 Fac PE RVU:</b> 0.52
<b>RUC Recommendation:</b> 1.50				<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>							
<b>98940</b>	Chiropractic manipulative treatment (CMT); spinal, 1-2 regions			<b>Global:</b> 000	<b>Issue:</b> Chiropractic Manipulative Treatment	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2012	<b>Tab</b> 25	<b>Specialty Developing Recommendation:</b>	ACA	<b>First Identified:</b> September 2011	<b>2019 est Medicare Utilization:</b> 5,600,246	<b>2007 Work RVU:</b> 0.45 <b>2007 NF PE RVU:</b> 0.23 <b>2007 Fac PE RVU:</b> 0.12 <b>Result:</b> Increase	<b>2020 Work RVU:</b> 0.46 <b>2020 NF PE RVU:</b> 0.33 <b>2020 Fac PE RVU:</b> 0.17
<b>RUC Recommendation:</b> 0.46				<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>							
<b>98941</b>	Chiropractic manipulative treatment (CMT); spinal, 3-4 regions			<b>Global:</b> 000	<b>Issue:</b> Chiropractic Manipulative Treatment	<b>Screen:</b> CMS High Expenditure Procedural Codes1	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2012	<b>Tab</b> 25	<b>Specialty Developing Recommendation:</b>	ACA	<b>First Identified:</b> September 2011	<b>2019 est Medicare Utilization:</b> 13,626,398	<b>2007 Work RVU:</b> 0.65 <b>2007 NF PE RVU:</b> 0.29 <b>2007 Fac PE RVU:</b> 0.17 <b>Result:</b> Increase	<b>2020 Work RVU:</b> 0.71 <b>2020 NF PE RVU:</b> 0.43 <b>2020 Fac PE RVU:</b> 0.26
<b>RUC Recommendation:</b> 0.71				<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

# Status Report: CMS Requests and Relativity Assessment Issues

**98942** Chiropractic manipulative treatment (CMT); spinal, 5 regions **Global:** 000 **Issue:** Chiropractic Manipulative Treatment **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

**Most Recent RUC Meeting:** October 2012 **Tab** 25 **Specialty Developing Recommendation:** ACA **First Identified:** September 2011 **2019 est Medicare Utilization:** 948,986 **2007 Work RVU:** 0.87 **2020 Work RVU:** 0.96 **2007 NF PE RVU:** 0.36 **2020 NF PE RVU:** 0.52 **2007 Fac PE RVU:** 0.23 **2020 Fac PE RVU:** 0.35 **Result:** Increase

**RUC Recommendation:** 0.96 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**98943** Chiropractic manipulative treatment (CMT); extraspinal, 1 or more regions **Global:** XXX **Issue:** Chiropractic Manipulative Treatment **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

**Most Recent RUC Meeting:** October 2012 **Tab** 25 **Specialty Developing Recommendation:** ACA **First Identified:** September 2011 **2019 est Medicare Utilization:** **2007 Work RVU:** 0.40 **2020 Work RVU:** 0.46 **2007 NF PE RVU:** 0.22 **2020 NF PE RVU:** 0.28 **2007 Fac PE RVU:** 0.14 **2020 Fac PE RVU:** 0.18 **Result:** Increase

**RUC Recommendation:** 0.46 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**99143** Deleted from CPT **Global:** **Issue:** Moderate Sedation Services **Screen:** Moderate Sedation Review **Complete?** Yes

**Most Recent RUC Meeting:** October 2015 **Tab** 14 **Specialty Developing Recommendation:** AAP, AAOMS, ACC, CHEST, ACEP, ACG, ACR, AGA, ASGE, ASA, ATS, HRS, SIR, SVS, SCAI **First Identified:** January 2014 **2019 est Medicare Utilization:** **2007 Work RVU:** 0.00 **2020 Work RVU:** **2007 NF PE RVU:** 0 **2020 NF PE RVU:** **2007 Fac PE RVU:** 0 **2020 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

## Status Report: CMS Requests and Relativity Assessment Issues

**99144 Deleted from CPT**

**Global:**

**Issue:** Moderate Sedation Services

**Screen:** Moderate Sedation Review

**Complete?** Yes

**Most Recent RUC Meeting:** October 2015

**Tab** 14

**Specialty Developing Recommendation:**

AAP,  
AAOMS,  
ACC,  
CHEST,  
ACEP, ACG,  
ACR, AGA,  
ASGE, ASA,  
ATS, HRS,  
SIR, SVS,  
SCAI

**First Identified:** January 2014

**2019 est Medicare Utilization:**

**2007 Work RVU:** 0.00

**2020 Work RVU:**

**2007 NF PE RVU:** 0

**2020 NF PE RVU:**

**2007 Fac PE RVU** 0

**2020 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**

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

**Result:** Deleted from CPT

**99148 Deleted from CPT**

**Global:**

**Issue:** Moderate Sedation Services

**Screen:** Moderate Sedation Review

**Complete?** Yes

**Most Recent RUC Meeting:** October 2015

**Tab** 14

**Specialty Developing Recommendation:**

AAP,  
AAOMS,  
ACC,  
CHEST,  
ACEP, ACG,  
ACR, AGA,  
ASGE, ASA,  
ATS, HRS,  
SIR, SVS,  
SCAI

**First Identified:** January 2014

**2019 est Medicare Utilization:**

**2007 Work RVU:** 0.00

**2020 Work RVU:**

**2007 NF PE RVU:** 0

**2020 NF PE RVU:**

**2007 Fac PE RVU** 0

**2020 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**

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

**Result:** Deleted from CPT

## Status Report: CMS Requests and Relativity Assessment Issues

**99149 Deleted from CPT**

**Global:**

**Issue:** Moderate Sedation Services

**Screen:** Moderate Sedation Review

**Complete?** Yes

**Most Recent RUC Meeting:** October 2015

**Tab** 14

**Specialty Developing Recommendation:**

AAP,  
AAOMS,  
ACC,  
CHEST,  
ACEP, ACG,  
ACR, AGA,  
ASGE, ASA,  
ATS, HRS,  
SIR, SVS,  
SCAI

**First Identified:** January 2014

**2019 est Medicare Utilization:**

**2007 Work RVU:** 0.00

**2020 Work RVU:**

**2007 NF PE RVU:** 0

**2020 NF PE RVU:**

**2007 Fac PE RVU** 0

**2020 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**

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

**Result:** Deleted from CPT

**99150 Deleted from CPT**

**Global:**

**Issue:** Moderate Sedation Services

**Screen:** Moderate Sedation Review

**Complete?** Yes

**Most Recent RUC Meeting:** October 2015

**Tab** 14

**Specialty Developing Recommendation:**

AAP,  
AAOMS,  
ACC,  
CHEST,  
ACEP, ACG,  
ACR, AGA,  
ASGE, ASA,  
ATS, HRS,  
SIR, SVS,  
SCAI

**First Identified:** January 2014

**2019 est Medicare Utilization:**

**2007 Work RVU:** 0.00

**2020 Work RVU:**

**2007 NF PE RVU:** 0

**2020 NF PE RVU:**

**2007 Fac PE RVU** 0

**2020 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**

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

**Result:** Deleted from CPT

## Status Report: CMS Requests and Relativity Assessment Issues

**99151** Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intraservice time, patient younger than 5 years of age

**Global:** XXX **Issue:** Moderate Sedation Services **Screen:** Moderate Sedation Review **Complete?** Yes

**Most Recent RUC Meeting:** October 2015

**Tab** 14

**Specialty Developing Recommendation:**

AAP, AAOMS, ACC, CHEST, ACEP, ACG, ACR, AGA, ASGE, ASA, ATS, HRS, SIR, SVS, SCAI

**First Identified:** January 2014

**2019 est Medicare Utilization:** 11

**2007 Work RVU:**

**2020 Work RVU:** 0.50

**2007 NF PE RVU:**

**2020 NF PE RVU:** 1.55

**2007 Fac PE RVU**

**2020 Fac PE RVU:**0.12

**RUC Recommendation:** 0.50

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**Result:** Maintain

**99152** Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intraservice time, patient age 5 years or older

**Global:** XXX **Issue:** Moderate Sedation Services **Screen:** Moderate Sedation Review **Complete?** Yes

**Most Recent RUC Meeting:** October 2015

**Tab** 14

**Specialty Developing Recommendation:**

AAP, AAOMS, ACC, CHEST, ACEP, ACG, ACR, AGA, ASGE, ASA, ATS, HRS, SIR, SVS, SCAI

**First Identified:** January 2014

**2019 est Medicare Utilization:** 1,909,615

**2007 Work RVU:**

**2020 Work RVU:** 0.25

**2007 NF PE RVU:**

**2020 NF PE RVU:** 1.16

**2007 Fac PE RVU**

**2020 Fac PE RVU:**0.08

**RUC Recommendation:** 0.25

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**Result:** Maintain

## Status Report: CMS Requests and Relativity Assessment Issues

**99155** Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intraservice time, patient younger than 5 years of age

**Global:** XXX

**Issue:** Moderate Sedation Services

**Screen:** Moderate Sedation Review

**Complete?** Yes

**Most Recent RUC Meeting:** October 2015

**Tab** 14

**Specialty Developing Recommendation:**

AAP,  
AAOMS,  
ACC,  
CHEST,  
ACEP, ACG,  
ACR, AGA,  
ASGE, ASA,  
ATS, HRS,  
SIR, SVS,  
SCAI

**First Identified:** January 2014

**2019 est Medicare Utilization:** 30

**2007 Work RVU:**

**2007 NF PE RVU:**

**2007 Fac PE RVU**

**2020 Work RVU:** 1.90

**2020 NF PE RVU:** NA

**2020 Fac PE RVU:**0.32

**RUC Recommendation:** 1.90

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**Result:** Maintain

**99156** Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intraservice time, patient age 5 years or older

**Global:** XXX

**Issue:** Moderate Sedation Services

**Screen:** Moderate Sedation Review

**Complete?** Yes

**Most Recent RUC Meeting:** October 2015

**Tab** 14

**Specialty Developing Recommendation:**

AAP,  
AAOMS,  
ACC,  
CHEST,  
ACEP, ACG,  
ACR, AGA,  
ASGE, ASA,  
ATS, HRS,  
SIR, SVS,  
SCAI

**First Identified:** January 2014

**2019 est Medicare Utilization:** 7,955

**2007 Work RVU:**

**2007 NF PE RVU:**

**2007 Fac PE RVU**

**2020 Work RVU:** 1.65

**2020 NF PE RVU:** NA

**2020 Fac PE RVU:**0.42

**RUC Recommendation:** 1.84

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**Result:** Maintain



# Status Report: CMS Requests and Relativity Assessment Issues

**99174** Instrument-based ocular screening (eg, photoscreening, automated-refraction), bilateral; with remote analysis and report **Global:** XXX **Issue:** Instrument-Based Ocular Screening (PE Only) **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

**Most Recent RUC Meeting:** September 2014 **Tab** 09 **Specialty Developing Recommendation:** AAP, AAO **First Identified:** NA **2019 est Medicare Utilization:** **2007 Work RVU:** **2020 Work RVU:** 0.00 **2007 NF PE RVU:** **2020 NF PE RVU:** 0.15 **2007 Fac PE RVU** **2020 Fac PE RVU:** NA **Result:** PE Only

**RUC Recommendation:** PE Only **Referred to CPT** May 2014 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**99177** Instrument-based ocular screening (eg, photoscreening, automated-refraction), bilateral; with on-site analysis **Global:** XXX **Issue:** Instrument-Based Ocular Screening (PE Only) **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

**Most Recent RUC Meeting:** September 2014 **Tab** 09 **Specialty Developing Recommendation:** **First Identified:** May 2014 **2019 est Medicare Utilization:** **2007 Work RVU:** **2020 Work RVU:** 0.00 **2007 NF PE RVU:** **2020 NF PE RVU:** 0.12 **2007 Fac PE RVU** **2020 Fac PE RVU:** NA **Result:** PE Only

**RUC Recommendation:** PE Only **Referred to CPT** May 2014 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

**99183** Physician or other qualified health care professional attendance and supervision of hyperbaric oxygen therapy, per session **Global:** XXX **Issue:** Hyperbaric Oxygen Therapy **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

**Most Recent RUC Meeting:** January 2014 **Tab** 33 **Specialty Developing Recommendation:** ACEP, ACP, ACS, APMA **First Identified:** April 2013 **2019 est Medicare Utilization:** 386,280 **2007 Work RVU:** 2.34 **2020 Work RVU:** 2.11 **2007 NF PE RVU:** 3.08 **2020 NF PE RVU:** 0.78 **2007 Fac PE RVU** 0.69 **2020 Fac PE RVU:** 0.78 **Result:** Decrease

**RUC Recommendation:** 2.11 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

<b>99281</b>	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor.	<b>Global:</b> XXX	<b>Issue:</b> ED Visits	<b>Screen:</b> CMS Request - Final Rule for 2018	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2018	<b>Tab 29 Specialty Developing Recommendation:</b> AAP, ACEP	<b>First Identified:</b> June 2017	<b>2019 est Medicare Utilization:</b> 67,730	<b>2007 Work RVU:</b> 0.45 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 0.09 <b>Result:</b> Increase	<b>2020 Work RVU:</b> 0.48 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 0.11
<b>RUC Recommendation:</b> 0.48		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		
<hr/>					
<b>99282</b>	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity.	<b>Global:</b> XXX	<b>Issue:</b> ED Visits	<b>Screen:</b> CMS Request - Final Rule for 2018	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2018	<b>Tab 29 Specialty Developing Recommendation:</b> AAP, ACEP	<b>First Identified:</b> June 2017	<b>2019 est Medicare Utilization:</b> 352,496	<b>2007 Work RVU:</b> 0.88 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU:</b> 0.15 <b>Result:</b> Increase	<b>2020 Work RVU:</b> 0.93 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 0.21
<b>RUC Recommendation:</b> 0.93		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

## Status Report: CMS Requests and Relativity Assessment Issues

<b>99283</b>	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity.	<b>Global:</b> XXX	<b>Issue:</b> ED Visits	<b>Screen:</b> CMS Request - Final Rule for 2018	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2018	<b>Tab 29</b>	<b>Specialty Developing Recommendation:</b> AAP, ACEP	<b>First Identified:</b> June 2017	<b>2019 est Medicare Utilization:</b> 2,744,710	<b>2007 Work RVU:</b> 1.34 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU</b> 0.3 <b>Result:</b> Increase
<b>RUC Recommendation:</b> 1.42			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> 1.42 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 0.29
<b>99284</b>	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity, and require urgent evaluation by the physician, or other qualified health care professionals but do not pose an immediate significant threat to life or physiologic function.	<b>Global:</b> XXX	<b>Issue:</b> ED Visits	<b>Screen:</b> CMS Request - Final Rule for 2018	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2018	<b>Tab 29</b>	<b>Specialty Developing Recommendation:</b> AAP, ACEP	<b>First Identified:</b> June 2017	<b>2019 est Medicare Utilization:</b> 5,415,650	<b>2007 Work RVU:</b> 2.56 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU</b> 0.47 <b>Result:</b> Increase
<b>RUC Recommendation:</b> 2.60			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> 2.60 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 0.51

# Status Report: CMS Requests and Relativity Assessment Issues

<b>99285</b> Emergency department visit for the evaluation and management of a patient, which requires these 3 key components within the constraints imposed by the urgency of the patient's clinical condition and/or mental status: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity and pose an immediate significant threat to life or physiologic function.	<b>Global:</b> XXX	<b>Issue:</b> ED Visits	<b>Screen:</b> CMS Request - Final Rule for 2018	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2018	<b>Tab 29 Specialty Developing Recommendation:</b> AAP, ACEP	<b>First Identified:</b> June 2017	<b>2019 est Medicare Utilization:</b> 11,514,274	<b>2007 Work RVU:</b> 3.80 <b>2007 NF PE RVU:</b> NA <b>2007 Fac PE RVU</b> 0.71 <b>Result:</b> Maintain <b>2020 Work RVU:</b> 3.80 <b>2020 NF PE RVU:</b> NA <b>2020 Fac PE RVU:</b> 0.71
<b>RUC Recommendation:</b> 3.80	<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			
<b>99363</b> Anticoagulant management for an outpatient taking warfarin, physician review and interpretation of International Normalized Ratio (INR) testing, patient instructions, dosage adjustment (as needed), and ordering of additional tests; initial 90 days of therapy (must include a minimum of 8 INR measurements)	<b>Global:</b>	<b>Issue:</b> Home INR Monitoring	<b>Screen:</b> High Volume Growth3	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab 19 Specialty Developing Recommendation:</b>	<b>First Identified:</b> September 2016	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> 1.65 <b>2007 NF PE RVU:</b> 1.29 <b>2007 Fac PE RVU</b> 0.38 <b>Result:</b> Deleted from CPT <b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT	<b>Referred to CPT</b> September 2016 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			
<b>99364</b> Anticoagulant management for an outpatient taking warfarin, physician review and interpretation of International Normalized Ratio (INR) testing, patient instructions, dosage adjustment (as needed), and ordering of additional tests; each subsequent 90 days of therapy (must include a minimum of 3 INR measurements)	<b>Global:</b>	<b>Issue:</b> Home INR Monitoring	<b>Screen:</b> High Volume Growth3	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab 19 Specialty Developing Recommendation:</b>	<b>First Identified:</b> September 2016	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> 0.63 <b>2007 NF PE RVU:</b> 0.38 <b>2007 Fac PE RVU</b> 0.15 <b>Result:</b> Deleted from CPT <b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>
<b>RUC Recommendation:</b> Deleted from CPT	<b>Referred to CPT</b> September 2016 <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			

## Status Report: CMS Requests and Relativity Assessment Issues

99375	Supervision of a patient under care of home health agency (patient not present) in home, domiciliary or equivalent environment (eg, Alzheimer's facility) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more				Global: XXX	Issue: Home Healthcare Supervision	Screen: CMS-Other - Utilization over 250,000	Complete? Yes
	Most Recent RUC Meeting: April 2016	Tab 47	Specialty Developing Recommendation:	No Interest	First Identified: April 2016	2019 est Medicare Utilization:	2007 Work RVU: 1.73 2007 NF PE RVU: 1.35 2007 Fac PE RVU 1.26	2020 Work RVU: 1.73 2020 NF PE RVU: 1.10 2020 Fac PE RVU:0.67
	RUC Recommendation: RUC recommended to survey but no specialty society interest followed.				Referred to CPT		Result: Remove from screen	
					Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:	
99378	Supervision of a hospice patient (patient not present) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more				Global: XXX	Issue: Home Healthcare Supervision	Screen: CMS-Other - Utilization over 250,000	Complete? Yes
	Most Recent RUC Meeting: April 2016	Tab 47	Specialty Developing Recommendation:	No Interest	First Identified: April 2016	2019 est Medicare Utilization:	2007 Work RVU: 1.73 2007 NF PE RVU: 1.64 2007 Fac PE RVU 1.56	2020 Work RVU: 1.73 2020 NF PE RVU: 1.10 2020 Fac PE RVU:0.67
	RUC Recommendation: RUC recommended to survey but no specialty society interest followed.				Referred to CPT		Result: Remove from screen	
					Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:	

## Status Report: CMS Requests and Relativity Assessment Issues

**99491** Chronic care management services, provided personally by a physician or other qualified health care professional, at least 30 minutes of physician or other qualified health care professional time, per calendar month, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient; chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline; comprehensive care plan established, implemented, revised, or monitored.

**Global:** XXX **Issue:** Chronic Care Management Services **Screen:** New and Revised Service (Not part of RAW) **Complete?** Yes

**Most Recent RUC Meeting:** April 2017

**Tab 09 Specialty Developing Recommendation:** AAFP, AAN, ACP, AGS **First Identified:** NA

**2019 est Medicare Utilization:** 48,091

**2007 Work RVU:** 1.45  
**2007 NF PE RVU:** 0.79  
**2007 Fac PE RVU:** 0.79  
**Result:** Not part of RAW

**RUC Recommendation:** 1.45. Refer to CPT Assistant

**Referred to CPT**  
**Referred to CPT Asst** ☒ **Published in CPT Asst:** Oct 2018

**99492** Initial psychiatric collaborative care management, first 70 minutes in the first calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: outreach to and engagement in treatment of a patient directed by the treating physician or other qualified health care professional; initial assessment of the patient, including administration of validated rating scales, with the development of an individualized treatment plan; review by the psychiatric consultant with modifications of the plan if recommended; entering patient in a registry and tracking patient follow-up and progress using the registry, with appropriate documentation, and participation in weekly caseload consultation with the psychiatric consultant; and provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies.

**Global:** XXX **Issue:** Psychiatric Collaborative Care Management Services **Screen:** Work Neutrality 2018 **Complete?** No

**Most Recent RUC Meeting:** January 2020

**Tab 37 Specialty Developing Recommendation:** AACAP, AAFP, AAP, ACP, APA (psychiatry) **First Identified:** October 2019

**2019 est Medicare Utilization:** 16,445

**2007 Work RVU:** 1.70  
**2007 NF PE RVU:** 2.54  
**2007 Fac PE RVU:** 0.69

**RUC Recommendation:** CMS investigate and review for New Tech/New Svc in Oct 2022.

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

**Result:**

## Status Report: CMS Requests and Relativity Assessment Issues

**99493** Subsequent psychiatric collaborative care management, first 60 minutes in a subsequent month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: tracking patient follow-up and progress using the registry, with appropriate documentation; participation in weekly caseload consultation with the psychiatric consultant; ongoing collaboration with and coordination of the patient's mental health care with the treating physician or other qualified health care professional and any other treating mental health providers; additional review of progress and recommendations for changes in treatment, as indicated, including medications, based on recommendations provided by the psychiatric consultant; provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies; monitoring of patient outcomes using validated rating scales; and relapse prevention planning with patients as they achieve remission of symptoms and/or other treatment goals and are prepared for discharge from active treatment.

**Global:** XXX **Issue:** Psychiatric Collaborative Care Management Services **Screen:** Work Neutrality 2018 **Complete?** No

**Most Recent RUC Meeting:** January 2020

**Tab** 37

**Specialty Developing Recommendation:**

AACAP, AAFP, AAP, ACP, APA (psychiatry)

**First Identified:** October 2019

**2019 est Medicare Utilization:** 14,660

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

**2020 Work RVU:** 1.53  
**2020 NF PE RVU:** 1.88  
**2020 Fac PE RVU:** 0.63

**RUC Recommendation:** CMS investigate and review for New Tech/New Svc in Oct 2022.

**Referred to CPT**

**Result:**

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

**99494** Initial or subsequent psychiatric collaborative care management, each additional 30 minutes in a calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional (List separately in addition to code for primary procedure)

**Global:** ZZZ **Issue:** Psychiatric Collaborative Care Management Services **Screen:** Work Neutrality 2018 **Complete?** No

**Most Recent RUC Meeting:** January 2020

**Tab** 37

**Specialty Developing Recommendation:**

AACAP, AAFP, AAP, ACP, APA (psychiatry)

**First Identified:** October 2019

**2019 est Medicare Utilization:** 27,335

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

**2020 Work RVU:** 0.82  
**2020 NF PE RVU:** 0.90  
**2020 Fac PE RVU:** 0.33

**RUC Recommendation:** CMS investigate and review for New Tech/New Svc in Oct 2022.

**Referred to CPT**

**Result:**

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

## Status Report: CMS Requests and Relativity Assessment Issues

99497	Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; first 30 minutes, face-to-face with the patient, family member(s), and/or surrogate	Global: XXX	Issue: Advance Care Planning	Screen: RUC Referral to CPT Assistant	Complete? No		
Most Recent RUC Meeting:	October 2019	Tab 17	Specialty Developing Recommendation: AAFP, AAN, ACP, ACCP, AGS, ATS	First Identified: January 2014	2019 est Medicare Utilization: 1,825,276	2007 Work RVU:	2020 Work RVU: 1.50
						2007 NF PE RVU:	2020 NF PE RVU: 0.82
						2007 Fac PE RVU Result:	2020 Fac PE RVU:0.64
RUC Recommendation:	Review in 2 years		Referred to CPT	Referred to CPT Asst <input checked="" type="checkbox"/>	Published in CPT Asst: Dec 2014		
99498	Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; each additional 30 minutes (List separately in addition to code for primary procedure)	Global: ZZZ	Issue: Advance Care Planning	Screen: RUC Referral to CPT Assistant	Complete? No		
Most Recent RUC Meeting:	October 2019	Tab 17	Specialty Developing Recommendation: AAFP, AAN, ACP, ACCP, AGS, ATS	First Identified: January 2014	2019 est Medicare Utilization: 60,204	2007 Work RVU:	2020 Work RVU: 1.40
						2007 NF PE RVU:	2020 NF PE RVU: 0.62
						2007 Fac PE RVU Result:	2020 Fac PE RVU:0.61
RUC Recommendation:	Review in 2 years		Referred to CPT	Referred to CPT Asst <input checked="" type="checkbox"/>	Published in CPT Asst: Dec 2014		
G0101	Cervical or vaginal cancer screening; pelvic and clinical breast examination	Global: XXX	Issue:	Screen: Low Value-High Volume / CMS-Other - Utilization over 250,000	Complete? Yes		
Most Recent RUC Meeting:	October 2016	Tab 35	Specialty Developing Recommendation: ACOG	First Identified: October 2010	2019 est Medicare Utilization: 929,962	2007 Work RVU: 0.45	2020 Work RVU: 0.45
						2007 NF PE RVU: 0.51	2020 NF PE RVU: 0.60
						2007 Fac PE RVU NA Result:	2020 Fac PE RVU:0.28
RUC Recommendation:	Remove from screen		Referred to CPT	Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Remove from Screen	



# Status Report: CMS Requests and Relativity Assessment Issues

<b>G0102</b>	Prostate cancer screening; digital rectal examination			<b>Global:</b> XXX	<b>Issue:</b> RAW	<b>Screen:</b> High Volume Growth4	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab</b> 30	<b>Specialty Developing Recommendation:</b>		<b>First Identified:</b> October 2016	<b>2019 est Medicare Utilization:</b> 30,358	<b>2007 Work RVU:</b> 0.17 <b>2007 NF PE RVU:</b> 0.37 <b>2007 Fac PE RVU:</b> 0.06 <b>Result:</b> Remove from screen	<b>2020 Work RVU:</b> 0.17 <b>2020 NF PE RVU:</b> 0.46 <b>2020 Fac PE RVU:</b> 0.07
<b>RUC Recommendation:</b> Remove from screen				<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

<b>G0104</b>	Colorectal cancer screening; flexible sigmoidoscopy			<b>Global:</b> 000	<b>Issue:</b> Flexible Sigmoidoscopy	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2014	<b>Tab</b> 09	<b>Specialty Developing Recommendation:</b>	AGA, ASGE, ACG, ASCRS, SAGES, ACS	<b>First Identified:</b> January 2014	<b>2019 est Medicare Utilization:</b> 2,724	<b>2007 Work RVU:</b> 0.96 <b>2007 NF PE RVU:</b> 2.33 <b>2007 Fac PE RVU:</b> 0.53 <b>Result:</b> Decrease	<b>2020 Work RVU:</b> 0.84 <b>2020 NF PE RVU:</b> 4.03 <b>2020 Fac PE RVU:</b> 0.66
<b>RUC Recommendation:</b> 0.84				<b>Referred to CPT</b> October 2013 <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

<b>G0105</b>	Colorectal cancer screening; colonoscopy on individual at high risk			<b>Global:</b> 000	<b>Issue:</b> Colonoscopy	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2014	<b>Tab</b> 10	<b>Specialty Developing Recommendation:</b>	AGA, ASGE, ACG, ASCRS, ACS, SAGES	<b>First Identified:</b> September 2011	<b>2019 est Medicare Utilization:</b> 262,478	<b>2007 Work RVU:</b> 3.69 <b>2007 NF PE RVU:</b> 6.2 <b>2007 Fac PE RVU:</b> 1.57 <b>Result:</b> Decrease	<b>2020 Work RVU:</b> 3.26 <b>2020 NF PE RVU:</b> 5.75 <b>2020 Fac PE RVU:</b> 1.68
<b>RUC Recommendation:</b> 3.36				<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

<b>G0108</b>	Diabetes outpatient self-management training services, individual, per 30 minutes			<b>Global:</b> XXX	<b>Issue:</b> Diabetes Management Training	<b>Screen:</b> CMS-Other - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2017	<b>Tab</b> 41iv	<b>Specialty Developing Recommendation:</b>	AND	<b>First Identified:</b> April 2016	<b>2019 est Medicare Utilization:</b> 172,612	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> 0.77 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Maintain	<b>2020 Work RVU:</b> 0.90 <b>2020 NF PE RVU:</b> 0.63 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.90				<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

# Status Report: CMS Requests and Relativity Assessment Issues

<b>G0109</b>	<b>Diabetes outpatient self-management training services, group session (2 or more), per 30 minutes</b>	<b>Global:</b> XXX	<b>Issue:</b> Diabetes Management Training	<b>Screen:</b> CMS-Other - Utilization over 100,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2017	<b>Tab</b> 41iv <b>Specialty Developing Recommendation:</b> AND	<b>First Identified:</b> April 2016	<b>2019 est Medicare Utilization:</b> 111,248	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> 0.44 <b>2007 Fac PE RVU:</b> NA <b>Result:</b> Maintain	<b>2020 Work RVU:</b> 0.25 <b>2020 NF PE RVU:</b> 0.18 <b>2020 Fac PE RVU:</b> NA
<b>RUC Recommendation:</b> 0.25		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

<b>G0121</b>	<b>Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk</b>	<b>Global:</b> 000	<b>Issue:</b> Colonoscopy	<b>Screen:</b> MPC List	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2014	<b>Tab</b> 10 <b>Specialty Developing Recommendation:</b> AGA, ASGE, ACG, ASCRS, ACS, SAGES	<b>First Identified:</b> September 2011	<b>2019 est Medicare Utilization:</b> 215,409	<b>2007 Work RVU:</b> 3.69 <b>2007 NF PE RVU:</b> 6.2 <b>2007 Fac PE RVU:</b> 1.57 <b>Result:</b> Decrease	<b>2020 Work RVU:</b> 3.26 <b>2020 NF PE RVU:</b> 5.75 <b>2020 Fac PE RVU:</b> 1.68
<b>RUC Recommendation:</b> 3.36		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

<b>G0124</b>	<b>Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, requiring interpretation by physician</b>	<b>Global:</b> XXX	<b>Issue:</b> Cytopathology Cervical/Vaginal	<b>Screen:</b> CMS-Other - Utilization over 30,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2018	<b>Tab</b> 26 <b>Specialty Developing Recommendation:</b> CAP	<b>First Identified:</b> October 2017	<b>2019 est Medicare Utilization:</b> 47,978	<b>2007 Work RVU:</b> 0.42 <b>2007 NF PE RVU:</b> 0.21 <b>2007 Fac PE RVU:</b> 0.21 <b>Result:</b> Maintain	<b>2020 Work RVU:</b> 0.26 <b>2020 NF PE RVU:</b> 0.46 <b>2020 Fac PE RVU:</b> 0.46
<b>RUC Recommendation:</b> 0.42		<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>		

# Status Report: CMS Requests and Relativity Assessment Issues

G0127 Trimming of dystrophic nails, any number				Global: 000	Issue:	Screen: CMS-Other - Utilization over 500,000	Complete? Yes
Most Recent RUC Meeting:	September 2011	Tab 51	Specialty Developing Recommendation: APMA	First Identified: April 2011	2019 est Medicare Utilization: 1,109,311	2007 Work RVU: 0.17 2007 NF PE RVU: 0.28 2007 Fac PE RVU 0.07 Result: Remove from Screen	2020 Work RVU: 0.17 2020 NF PE RVU: 0.49 2020 Fac PE RVU:0.04
RUC Recommendation: Remove from screen				Referred to CPT Referred to CPT Asst	<input type="checkbox"/>	Published in CPT Asst:	
G0141 Screening cytopathology smears, cervical or vaginal, performed by automated system, with manual rescreening, requiring interpretation by physician				Global: XXX	Issue: Cytopathology Cervical/Vaginal	Screen: CMS-Other - Utilization over 30,000	Complete? Yes
Most Recent RUC Meeting:	April 2018	Tab 26	Specialty Developing Recommendation: CAP	First Identified: October 2017	2019 est Medicare Utilization: 3,666	2007 Work RVU: 0.42 2007 NF PE RVU: 0.21 2007 Fac PE RVU 0.21 Result: Maintain	2020 Work RVU: 0.26 2020 NF PE RVU: 0.46 2020 Fac PE RVU:0.46
RUC Recommendation: 0.42				Referred to CPT Referred to CPT Asst	<input type="checkbox"/>	Published in CPT Asst:	
G0166 External counterpulsation, per treatment session				Global: XXX	Issue: External Counterpulsation	Screen: CMS-Other - Utilization over 100,000 / CMS Request - Final Rule for 2020	Complete? Yes
Most Recent RUC Meeting:	October 2019	Tab 14	Specialty Developing Recommendation: ACC	First Identified: April 2016	2019 est Medicare Utilization: 95,502	2007 Work RVU: 0.07 2007 NF PE RVU: 3.81 2007 Fac PE RVU NA Result: PE Only	2020 Work RVU: 0.00 2020 NF PE RVU: 2.86 2020 Fac PE RVU:NA
RUC Recommendation: 0.00 (PE Only)				Referred to CPT Referred to CPT Asst	<input type="checkbox"/>	Published in CPT Asst:	

# Status Report: CMS Requests and Relativity Assessment Issues

<b>G0168</b>	Wound closure utilizing tissue adhesive(s) only	Global: 000	Issue: Wound Closure by Adhesive	Screen: CMS 000-Day Global Typically Reported with an E/M	Complete? Yes
Most Recent RUC Meeting: April 2017	Tab 34 Specialty Developing Recommendation: ACEP, AAFP	First Identified: July 2016	2019 est Medicare Utilization: 44,921	2007 Work RVU: 0.45 2007 NF PE RVU: 1.84 2007 Fac PE RVU 0.22 Result: Maintain	2020 Work RVU: 0.31 2020 NF PE RVU: 2.66 2020 Fac PE RVU:0.17
RUC Recommendation: 0.45		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
<b>G0179</b>	Physician re-certification for medicare-covered home health services under a home health plan of care (patient not present), including contacts with home health agency and review of reports of patient status required by physicians to affirm the initial implementation of the plan of care that meets patient's needs, per re-certification period	Global: XXX	Issue: Physician Recertification	Screen: CMS Fastest Growing / CMS-Other - Utilization over 250,000	Complete? Yes
Most Recent RUC Meeting: April 2016	Tab 47 Specialty Developing Recommendation: No Interest	First Identified: October 2008	2019 est Medicare Utilization: 806,300	2007 Work RVU: 0.45 2007 NF PE RVU: 0.89 2007 Fac PE RVU NA Result: Remove from screen	2020 Work RVU: 0.45 2020 NF PE RVU: 0.67 2020 Fac PE RVU:NA
RUC Recommendation: RUC recommended to survey but no specialty society interest followed.		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
<b>G0180</b>	Physician certification for medicare-covered home health services under a home health plan of care (patient not present), including contacts with home health agency and review of reports of patient status required by physicians to affirm the initial implementation of the plan of care that meets patient's needs, per certification period	Global: XXX	Issue: Physician Recertification	Screen: CMS Fastest Growing / CMS-Other - Utilization over 250,000	Complete? Yes
Most Recent RUC Meeting: April 2016	Tab 47 Specialty Developing Recommendation: No Interest	First Identified: October 2008	2019 est Medicare Utilization: 1,169,998	2007 Work RVU: 0.67 2007 NF PE RVU: 1.09 2007 Fac PE RVU NA Result: Remove from screen	2020 Work RVU: 0.67 2020 NF PE RVU: 0.78 2020 Fac PE RVU:NA
RUC Recommendation: RUC recommended to survey but no specialty society interest followed.		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

## Status Report: CMS Requests and Relativity Assessment Issues

**G0181** Physician supervision of a patient receiving medicare-covered services provided by a participating home health agency (patient not present) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of laboratory and other studies, communication (including telephone calls) with other health care professionals involved in the patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month, 30 minutes or more

**Global:** XXX **Issue:** Home Healthcare Supervision **Screen:** CMS Fastest Growing / CMS-Other - Utilization over 250,000 **Complete?** Yes

**Most Recent RUC Meeting:** April 2016

**Tab 47 Specialty Developing Recommendation:** No Interest

**First Identified:** October 2008

**2019 est Medicare Utilization:** 386,948

**2007 Work RVU:** 1.73

**2020 Work RVU:** 1.73

**2007 NF PE RVU:** 1.32

**2020 NF PE RVU:** 1.18

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**NA

**Result:** Remove from screen

**RUC Recommendation:** Recommend deletion after review of 99375 and 99378. No specialty society interest followed.

**Referred to CPT**

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

**G0182** Physician supervision of a patient under a medicare-approved hospice (patient not present) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of laboratory and other studies, communication (including telephone calls) with other health care professionals involved in the patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month, 30 minutes or more

**Global:** XXX

**Issue:** Home Healthcare Supervision

**Screen:** CMS-Other - Utilization over 250,000

**Complete?** Yes

**Most Recent RUC Meeting:** April 2016

**Tab 47 Specialty Developing Recommendation:** No Interest

**First Identified:** April 2016

**2019 est Medicare Utilization:** 26,148

**2007 Work RVU:** 1.73

**2020 Work RVU:** 1.73

**2007 NF PE RVU:** 1.46

**2020 NF PE RVU:** 1.20

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**NA

**Result:** Remove from screen

**RUC Recommendation:** Recommend deletion after review of 99375 and 99378. No specialty society interest followed.

**Referred to CPT**

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

## Status Report: CMS Requests and Relativity Assessment Issues

**G0202** Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (cad) when performed

**Global:**

**Issue:** Mammography

**Screen:** CMS Fastest Growing / CMS-Other - Utilization over 250,000

**Complete?** Yes

**Most Recent RUC Meeting:** January 2016

**Tab** 20

**Specialty Developing Recommendation:** ACR

**First Identified:** February 2008

**2019 est Medicare Utilization:**

**2007 Work RVU:** 0.70

**2020 Work RVU:**

**2007 NF PE RVU:** 2.74

**2020 NF PE RVU:**

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Assume CMS will delete

**Referred to CPT** October 2015

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

**G0204** Diagnostic mammography, including computer-aided detection (cad) when performed; bilateral

**Global:**

**Issue:** Mammography

**Screen:** CMS Fastest Growing / CMS-Other - Utilization over 250,000

**Complete?** Yes

**Most Recent RUC Meeting:** January 2016

**Tab** 20

**Specialty Developing Recommendation:** ACR

**First Identified:** February 2008

**2019 est Medicare Utilization:**

**2007 Work RVU:** 0.87

**2020 Work RVU:**

**2007 NF PE RVU:** 2.87

**2020 NF PE RVU:**

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Assume CMS will delete

**Referred to CPT** October 2015

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

**G0206** Diagnostic mammography, including computer-aided detection (cad) when performed; unilateral

**Global:**

**Issue:** Mammography

**Screen:** CMS Fastest Growing / CMS-Other - Utilization over 250,000

**Complete?** Yes

**Most Recent RUC Meeting:** January 2016

**Tab** 20

**Specialty Developing Recommendation:** ACR

**First Identified:** February 2008

**2019 est Medicare Utilization:**

**2007 Work RVU:** 0.70

**2020 Work RVU:**

**2007 NF PE RVU:** 2.31

**2020 NF PE RVU:**

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Assume CMS will delete

**Referred to CPT** October 2015

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

# Status Report: CMS Requests and Relativity Assessment Issues

<b>G0237</b>	Therapeutic procedures to increase strength or endurance of respiratory muscles, face to face, one on one, each 15 minutes (includes monitoring)	<b>Global:</b> XXX	<b>Issue:</b> Respiratory Therapy	<b>Screen:</b> CMS Fastest Growing	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b>	February 2009	<b>Tab</b> 38	<b>Specialty Developing Recommendation:</b> ACCP/ATS	<b>First Identified:</b> February 2008	<b>2019 est Medicare Utilization:</b> 40,969
<b>RUC Recommendation:</b>	Remove from screen - RUC articulated concerns regarding claims reporting to CMS		<b>Referred to CPT</b>		
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
				<b>2007 Work RVU:</b> 0.00	<b>2020 Work RVU:</b> 0.00
				<b>2007 NF PE RVU:</b> 0.41	<b>2020 NF PE RVU:</b> 0.25
				<b>2007 Fac PE RVU</b> NA	<b>2020 Fac PE RVU:</b> NA
				<b>Result:</b> Remove from Screen	
<hr/>					
<b>G0238</b>	Therapeutic procedures to improve respiratory function, other than described by g0237, one on one, face to face, per 15 minutes (includes monitoring)	<b>Global:</b> XXX	<b>Issue:</b> Respiratory Therapy	<b>Screen:</b> CMS Fastest Growing	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b>	February 2009	<b>Tab</b> 38	<b>Specialty Developing Recommendation:</b> ACCP/ATS	<b>First Identified:</b> February 2008	<b>2019 est Medicare Utilization:</b> 49,322
<b>RUC Recommendation:</b>	Remove from screen - RUC articulated concerns regarding claims reporting to CMS		<b>Referred to CPT</b>		
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
				<b>2007 Work RVU:</b> 0.00	<b>2020 Work RVU:</b> 0.00
				<b>2007 NF PE RVU:</b> 0.43	<b>2020 NF PE RVU:</b> 0.26
				<b>2007 Fac PE RVU</b> NA	<b>2020 Fac PE RVU:</b> NA
				<b>Result:</b> Remove from Screen	
<hr/>					
<b>G0248</b>	Demonstration, prior to initiation of home inr monitoring, for patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets medicare coverage criteria, under the direction of a physician; includes: face-to-face demonstration of use and care of the inr monitor, obtaining at least one blood sample, provision of instructions for reporting home inr test results, and documentation of patient's ability to perform testing and report results	<b>Global:</b> XXX	<b>Issue:</b> Home INR Monitoring	<b>Screen:</b> High Volume Growth3	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b>	January 2017	<b>Tab</b> 19	<b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> January 2016	<b>2019 est Medicare Utilization:</b> 23,312
<b>RUC Recommendation:</b>	Created Category I code, recommend CMS delete G code		<b>Referred to CPT</b> September 2016		
			<b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	
				<b>2007 Work RVU:</b> 0.00	<b>2020 Work RVU:</b> 0.00
				<b>2007 NF PE RVU:</b> 5.8	<b>2020 NF PE RVU:</b> 1.62
				<b>2007 Fac PE RVU</b> NA	<b>2020 Fac PE RVU:</b> NA
				<b>Result:</b> Deleted from CPT	

# Status Report: CMS Requests and Relativity Assessment Issues

<b>G0249</b> Provision of test materials and equipment for home inr monitoring of patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets medicare coverage criteria; includes: provision of materials for use in the home and reporting of test results to physician; testing not occurring more frequently than once a week; testing materials, billing units of service include 4 tests	<b>Global:</b> XXX	<b>Issue:</b> Home INR Monitoring	<b>Screen:</b> CMS Fastest Growing / High Volume Growth3	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab</b> 19 <b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> February 2008	<b>2019 est Medicare Utilization:</b> 1,211,835	<b>2007 Work RVU:</b> 0.00 <b>2007 NF PE RVU:</b> 3.57 <b>2007 Fac PE RVU</b> NA <b>2020 Work RVU:</b> 0.00 <b>2020 NF PE RVU:</b> 1.63 <b>2020 Fac PE RVU:</b> NA <b>Result:</b> Deleted from CPT
<b>RUC Recommendation:</b> Created Category I code, recommend CMS delete G code	<b>Referred to CPT</b> September 2016	<b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		
<b>G0250</b> Physician review, interpretation, and patient management of home inr testing for patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets medicare coverage criteria; testing not occurring more frequently than once a week; billing units of service include 4 tests	<b>Global:</b> XXX	<b>Issue:</b> Home INR Monitoring	<b>Screen:</b> CMS Fastest Growing / High Volume Growth3	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2017	<b>Tab</b> 19 <b>Specialty Developing Recommendation:</b> ACC	<b>First Identified:</b> February 2008	<b>2019 est Medicare Utilization:</b> 185,069	<b>2007 Work RVU:</b> 0.18 <b>2007 NF PE RVU:</b> 0.07 <b>2007 Fac PE RVU</b> NA <b>2020 Work RVU:</b> 0.18 <b>2020 NF PE RVU:</b> 0.07 <b>2020 Fac PE RVU:</b> NA <b>Result:</b> Deleted from CPT
<b>RUC Recommendation:</b> Created Category I code, recommend CMS delete G code	<b>Referred to CPT</b> September 2016	<b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>		
<b>G0268</b> Removal of impacted cerumen (one or both ears) by physician on same date of service as audiologic function testing	<b>Global:</b> 000	<b>Issue:</b> Removal of Impacted Cerumen	<b>Screen:</b> CMS Fastest Growing / CMS 000-Day Global Typically Reported with an E/M	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2017	<b>Tab</b> 35 <b>Specialty Developing Recommendation:</b> AAO-HNS	<b>First Identified:</b> October 2008	<b>2019 est Medicare Utilization:</b> 166,164	<b>2007 Work RVU:</b> 0.61 <b>2007 NF PE RVU:</b> 0.63 <b>2007 Fac PE RVU</b> 0.23 <b>2020 Work RVU:</b> 0.61 <b>2020 NF PE RVU:</b> 0.73 <b>2020 Fac PE RVU:</b> 0.26 <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 0.61	<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/> <b>Published in CPT Asst:</b>			



## Status Report: CMS Requests and Relativity Assessment Issues

**G0270** Medical nutrition therapy; reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition or treatment regimen (including additional hours needed for renal disease), individual, face to face with the patient, each 15 minutes **Global:** XXX **Issue:** Medical Nutrition Therapy **Screen:** CMS Fastest Growing **Complete?** Yes

**Most Recent** **Tab** 37 **Specialty Developing** ADA  
**RUC Meeting:** January 2019 **Recommendation:**

**First**  
**Identified:** February 2008

**2019 est**  
**Medicare**  
**Utilization:** 81,177

**2007 Work RVU:** 0.37 **2020 Work RVU:** 0.45  
**2007 NF PE RVU:** 0.38 **2020 NF PE RVU:** 0.45  
**2007 Fac PE RVU** 0.38 **2020 Fac PE RVU:** 0.34  
**Result:** Maintain

**RUC Recommendation:** Maintain/Remove from screen

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

**G0279** Diagnostic digital breast tomosynthesis, unilateral or bilateral (list separately in addition to 77065 or 77066) **Global:** ZZZ **Issue:** RAW **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

**Most Recent** **Tab** 31 **Specialty Developing**  
**RUC Meeting:** January 2018 **Recommendation:**

**First**  
**Identified:** October 2017

**2019 est**  
**Medicare**  
**Utilization:** 783,467

**2007 Work RVU:** **2020 Work RVU:** 0.60  
**2007 NF PE RVU:** **2020 NF PE RVU:** 0.92  
**2007 Fac PE RVU** **2020 Fac PE RVU:** NA  
**Result:** Remove from Screen

**RUC Recommendation:** Recommend CMS delete

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

**G0283** Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care **Global:** XXX **Issue:** Physical Medicine and Rehabilitation Services - Electrical Stimulation Other than Wound **Screen:** Low Value-High Volume / CMS-Other - Utilization over 250,000 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

**Most Recent** **Tab** 29 **Specialty Developing** APTA  
**RUC Meeting:** January 2017 **Recommendation:**

**First**  
**Identified:** October 2010

**2019 est**  
**Medicare**  
**Utilization:** 7,523,149

**2007 Work RVU:** 0.18 **2020 Work RVU:** 0.18  
**2007 NF PE RVU:** 0.12 **2020 NF PE RVU:** 0.20  
**2007 Fac PE RVU** NA **2020 Fac PE RVU:** NA  
**Result:** Maintain

**RUC Recommendation:** 0.18

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

## Status Report: CMS Requests and Relativity Assessment Issues

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**G0296** Counseling visit to discuss need for lung cancer screening using low dose ct scan (ldct) (service is for eligibility determination and shared decision making) **Global:** XXX **Issue:** RAW **Screen:** CMS-Other - Utilization over 20,000 **Complete?** No

**Most Recent RUC Meeting:** October 2019

**Tab** 17

**Specialty Developing Recommendation:**

**First Identified:** January 2019

**2019 est Medicare Utilization:** 50,164

**2007 Work RVU:**

**2020 Work RVU:** 0.52

**2007 NF PE RVU:**

**2020 NF PE RVU:** 0.26

**2007 Fac PE RVU**

**2020 Fac PE RVU:**0.20

**Result:**

**RUC Recommendation:** Submit action plan

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

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**G0297** Low dose ct scan (ldct) for lung cancer screening

**Global:** XXX

**Issue:** Screening CT of Thorax

**Screen:** CMS-Other - Utilization over 30,000-Part2

**Complete?** Yes

**Most Recent RUC Meeting:** October 2019

**Tab** 07

**Specialty Developing Recommendation:**

**First Identified:** October 2018

**2019 est Medicare Utilization:** 260,400

**2007 Work RVU:** 0.00

**2020 Work RVU:** 1.02

**2007 NF PE RVU:** 0

**2020 NF PE RVU:** 5.62

**2007 Fac PE RVU** 0

**2020 Fac PE RVU:**NA

**Result:** Deleted from CPT

**RUC Recommendation:** Recommend CMS delete. Cat I code created.

**Referred to CPT** May 2019

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

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**G0364** Bone marrow aspiration performed with bone marrow biopsy through the same incision on the same date of service

**Global:**

**Issue:** RAW

**Screen:** CMS-Other - Utilization over 30,000

**Complete?** Yes

**Most Recent RUC Meeting:** January 2018

**Tab** 31

**Specialty Developing Recommendation:**

**First Identified:** October 2017

**2019 est Medicare Utilization:**

**2007 Work RVU:** 0.16

**2020 Work RVU:**

**2007 NF PE RVU:** 0.15

**2020 NF PE RVU:**

**2007 Fac PE RVU** 0.06

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

# Status Report: CMS Requests and Relativity Assessment Issues

**G0365** Vessel mapping of vessels for hemodialysis access (services for preoperative vessel mapping prior to creation of hemodialysis access using an autogenous hemodialysis conduit, including arterial inflow and venous outflow) **Global:** **Issue:** Duplex Scan Arterial Inflow-Venous Outflow Upper Extremity **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

**Most Recent RUC Meeting:** January 2019

**Tab 17** **Specialty Developing Recommendation:** ACR, SIR, SVS

**First Identified:** October 2017

**2019 est Medicare Utilization:** 38,289

**2007 Work RVU:** 0.25

**2020 Work RVU:**

**2007 NF PE RVU:** 4.28

**2020 NF PE RVU:**

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** Deleted from CPT

**Referred to CPT** September 2018

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

**G0389** Ultrasound b-scan and/or real time with image documentation; for abdominal aortic aneurysm (aaa) screening

**Global:**

**Issue:** Abdominal Aorta Ultrasound Screening

**Screen:** Final Rule for 2015 / High Volume Growth4

**Complete?** Yes

**Most Recent RUC Meeting:** October 2015

**Tab 12** **Specialty Developing Recommendation:** ACC, ACP, ACR, SCAI, SVS

**First Identified:** July 2014

**2019 est Medicare Utilization:**

**2007 Work RVU:** 0.58

**2020 Work RVU:**

**2007 NF PE RVU:** 1.81

**2020 NF PE RVU:**

**2007 Fac PE RVU** NA

**2020 Fac PE RVU:**

**Result:** Deleted from CPT

**RUC Recommendation:** CPT Assistant article published

**Referred to CPT** May 2015

**Referred to CPT Asst** ☒ **Published in CPT Asst:** Jan 2017

**G0396** Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., audit, dast), and brief intervention 15 to 30 minutes

**Global:** XXX

**Issue:**

**Screen:** CMS-Other - Utilization over 30,000

**Complete?** No

**Most Recent RUC Meeting:** January 2018

**Tab 31** **Specialty Developing Recommendation:** AAFP, ASA, ASAM

**First Identified:** October 2017

**2019 est Medicare Utilization:** 51,068

**2007 Work RVU:**

**2020 Work RVU:** 0.65

**2007 NF PE RVU:**

**2020 NF PE RVU:** 0.32

**2007 Fac PE RVU**

**2020 Fac PE RVU:**0.24

**Result:**

**RUC Recommendation:** Refer to CPT

**Referred to CPT** October 2020

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

## Status Report: CMS Requests and Relativity Assessment Issues

**G0399** Home sleep test (hst) with type iii portable monitor, unattended; minimum of 4 channels: 2 respiratory movement/airflow, 1 ecg/heart rate and 1 oxygen saturation **Global:** XXX **Issue:** **Screen:** High Volume Growth5 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** January 2019

**Tab** 37

**Specialty Developing**  
**Recommendation:**

**First**  
**Identified:** October 2018

**2019 est**  
**Medicare**  
**Utilization:** 112,455

**2007 Work RVU:**

**2020 Work RVU:** 0.00

**2007 NF PE RVU:**

**2020 NF PE RVU:** 0.00

**2007 Fac PE RVU**

**2020 Fac PE RVU:**NA

**Result:** Deleted from CPT

**RUC Recommendation:** CMS delete

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**G0402** Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 months of medicare enrollment

**Global:** XXX

**Issue:** Initial Preventive Exam

**Screen:** CMS-Other - Utilization over 100,000

**Complete?** Yes

**Most Recent**  
**RUC Meeting:** October 2016

**Tab** 35

**Specialty Developing**  
**Recommendation:** No Specialty Society Interest

**First**  
**Identified:** April 2016

**2019 est**  
**Medicare**  
**Utilization:** 526,509

**2007 Work RVU:**

**2020 Work RVU:** 2.43

**2007 NF PE RVU:**

**2020 NF PE RVU:** 2.11

**2007 Fac PE RVU**

**2020 Fac PE RVU:**1.02

**Result:** Maintain

**RUC Recommendation:** RUC recommended to survey but no specialty society interest followed.

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**G0403** Electrocardiogram, routine ecg with 12 leads; performed as a screening for the initial preventive physical examination with interpretation and report

**Global:** XXX

**Issue:** EKG for Initial Preventive Exam

**Screen:** CMS-Other - Utilization over 100,000

**Complete?** Yes

**Most Recent**  
**RUC Meeting:** October 2016

**Tab** 35

**Specialty Developing**  
**Recommendation:** No Specialty Society Interest

**First**  
**Identified:** April 2016

**2019 est**  
**Medicare**  
**Utilization:** 129,413

**2007 Work RVU:**

**2020 Work RVU:** 0.17

**2007 NF PE RVU:**

**2020 NF PE RVU:** 0.29

**2007 Fac PE RVU**

**2020 Fac PE RVU:**NA

**Result:** Maintain

**RUC Recommendation:** RUC recommended to survey but no specialty society interest followed.

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

## Status Report: CMS Requests and Relativity Assessment Issues

**G0416** Surgical pathology, gross and microscopic examinations, for prostate needle biopsy, any method **Global:** XXX **Issue:** Prostate Biopsy - Pathology **Screen:** Final Rule for 2015 **Complete?** Yes

**Most Recent RUC Meeting:** October 2015

**Tab** 16 **Specialty Developing Recommendation:** ASC, CAP

**First Identified:** July 2014

**2019 est Medicare Utilization:** 133,021

**2007 Work RVU:**  
**2007 NF PE RVU:**  
**2007 Fac PE RVU Result:** Increase

**2020 Work RVU:** 3.60  
**2020 NF PE RVU:** 5.95  
**2020 Fac PE RVU:** NA

**RUC Recommendation:** 4.00

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

**G0436** Smoking and tobacco cessation counseling visit for the asymptomatic patient; intermediate, greater than 3 minutes, up to 10 minutes **Global:** **Issue:** RAW **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

**Most Recent RUC Meeting:** October 2016

**Tab** 35 **Specialty Developing Recommendation:**

**First Identified:** April 2016

**2019 est Medicare Utilization:**

**2007 Work RVU:**  
**2007 NF PE RVU:**  
**2007 Fac PE RVU Result:** Deleted from CPT

**2020 Work RVU:**  
**2020 NF PE RVU:**  
**2020 Fac PE RVU:**

**RUC Recommendation:** Deleted from CPT

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

**G0438** Annual wellness visit; includes a personalized prevention plan of service (pps), initial visit **Global:** XXX **Issue:** RAW **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

**Most Recent RUC Meeting:** April 2016

**Tab** 47 **Specialty Developing Recommendation:** No Interest

**First Identified:** April 2013

**2019 est Medicare Utilization:** 1,114,054

**2007 Work RVU:**  
**2007 NF PE RVU:**  
**2007 Fac PE RVU Result:** Remove from screen

**2020 Work RVU:** 2.43  
**2020 NF PE RVU:** 2.23  
**2020 Fac PE RVU:** NA

**RUC Recommendation:** RUC recommended to survey but no specialty society interest followed.

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

## Status Report: CMS Requests and Relativity Assessment Issues

**G0439** Annual wellness visit, includes a personalized prevention plan of service (pps), subsequent visit **Global:** XXX **Issue:** RAW **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

**Most Recent**  
**RUC Meeting:** April 2016

**Tab** 47 **Specialty Developing**  
**Recommendation:** No Interest

**First**  
**Identified:** April 2013

**2019 est**  
**Medicare**  
**Utilization:** 8,360,475

**2007 Work RVU:**

**2020 Work RVU:** 1.50

**2007 NF PE RVU:**

**2020 NF PE RVU:** 1.66

**2007 Fac PE RVU**

**2020 Fac PE RVU:** NA

**Result:** Remove from screen

**RUC Recommendation:** RUC recommended to survey but no specialty society interest followed.

**Referred to CPT**

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

**G0442** Annual alcohol misuse screening, 15 minutes

**Global:** XXX

**Issue:** Annual Alcohol Screening

**Screen:** CMS-Other - Utilization over 100,000

**Complete?** Yes

**Most Recent**  
**RUC Meeting:** October 2016

**Tab** 35 **Specialty Developing**  
**Recommendation:** No Specialty Society Interest

**First**  
**Identified:** April 2016

**2019 est**  
**Medicare**  
**Utilization:** 893,133

**2007 Work RVU:**

**2020 Work RVU:** 0.18

**2007 NF PE RVU:**

**2020 NF PE RVU:** 0.32

**2007 Fac PE RVU**

**2020 Fac PE RVU:** 0.08

**Result:** Maintain

**RUC Recommendation:** RUC recommended to survey but no specialty society interest followed.

**Referred to CPT**

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

**G0444** Annual depression screening, 15 minutes

**Global:** XXX

**Issue:** Annual Depression Screening

**Screen:** CMS-Other - Utilization over 100,000

**Complete?** Yes

**Most Recent**  
**RUC Meeting:** October 2016

**Tab** 35 **Specialty Developing**  
**Recommendation:** No Specialty Society Interest

**First**  
**Identified:** April 2016

**2019 est**  
**Medicare**  
**Utilization:** 2,127,052

**2007 Work RVU:**

**2020 Work RVU:** 0.18

**2007 NF PE RVU:**

**2020 NF PE RVU:** 0.32

**2007 Fac PE RVU**

**2020 Fac PE RVU:** 0.08

**Result:** Maintain

**RUC Recommendation:** RUC recommended to survey but no specialty society interest followed.

**Referred to CPT**

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

## Status Report: CMS Requests and Relativity Assessment Issues

<b>G0446</b>	Annual, face-to-face intensive behavioral therapy for cardiovascular disease, individual, 15 minutes				<b>Global:</b> XXX	<b>Issue:</b> Intensive Behavioral Therapy for Cardiovascular Disease	<b>Screen:</b> CMS-Other - Utilization over 30,000	<b>Complete?</b> Yes	
<b>Most Recent RUC Meeting:</b>	January 2018	<b>Tab</b>		<b>Specialty Developing Recommendation:</b>	No Specialty Society Interest	<b>First Identified:</b> October 2017	<b>2019 est Medicare Utilization:</b> 253,992	<b>2007 Work RVU:</b>	<b>2020 Work RVU:</b> 0.45
								<b>2007 NF PE RVU:</b>	<b>2020 NF PE RVU:</b> 0.26
								<b>2007 Fac PE RVU Result:</b>	<b>2020 Fac PE RVU:</b> 0.19
<b>RUC Recommendation:</b> Survey, but no specialty interest, so no recommendation.				<b>Referred to CPT</b>					
				<b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>			
<hr/>									
<b>G0447</b>	Face-to-face behavioral counseling for obesity, 15 minutes				<b>Global:</b> XXX	<b>Issue:</b> Behavioral Counseling for Obesity	<b>Screen:</b> CMS-Other - Utilization over 100,000	<b>Complete?</b> Yes	
<b>Most Recent RUC Meeting:</b>	October 2016	<b>Tab</b>	35	<b>Specialty Developing Recommendation:</b>	No Specialty Society Interest	<b>First Identified:</b> April 2016	<b>2019 est Medicare Utilization:</b> 336,973	<b>2007 Work RVU:</b>	<b>2020 Work RVU:</b> 0.45
								<b>2007 NF PE RVU:</b>	<b>2020 NF PE RVU:</b> 0.26
								<b>2007 Fac PE RVU Result:</b>	<b>2020 Fac PE RVU:</b> 0.19
<b>RUC Recommendation:</b> RUC recommended to survey but no specialty society interest followed.				<b>Referred to CPT</b>					
				<b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>			
<hr/>									
<b>G0452</b>	Molecular pathology procedure; physician interpretation and report				<b>Global:</b>	<b>Issue:</b> Molecular Pathology Interpretation	<b>Screen:</b> CMS-Other - Utilization over 30,000-Part2	<b>Complete?</b> Yes	
<b>Most Recent RUC Meeting:</b>	October 2019	<b>Tab</b>	13	<b>Specialty Developing Recommendation:</b>		<b>First Identified:</b> October 2018	<b>2019 est Medicare Utilization:</b> 128,942	<b>2007 Work RVU:</b>	<b>2020 Work RVU:</b>
								<b>2007 NF PE RVU:</b>	<b>2020 NF PE RVU:</b>
								<b>2007 Fac PE RVU Result:</b>	<b>2020 Fac PE RVU:</b>
<b>RUC Recommendation:</b> 0.93				<b>Referred to CPT</b>					
				<b>Referred to CPT Asst</b> <input type="checkbox"/>		<b>Published in CPT Asst:</b>			

## Status Report: CMS Requests and Relativity Assessment Issues

**G0453** Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby), per patient, (attention directed exclusively to one patient) each 15 minutes (list in addition to primary procedure) **Global:** XXX **Issue:** RAW **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

**Most Recent RUC Meeting:** October 2016

**Tab 35 Specialty Developing Recommendation:**

**First Identified:** April 2016

**2019 est Medicare Utilization:** 402,739

**2007 Work RVU:**

**2020 Work RVU:** 0.60

**2007 NF PE RVU:**

**2020 NF PE RVU:** NA

**2007 Fac PE RVU**

**2020 Fac PE RVU:**0.29

**RUC Recommendation:** Remove from screen

**Referred to CPT**

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**Result:** Remove from screen

**G0456** Negative pressure wound therapy, (e.g. vacuum assisted drainage collection) using a mechanically-powered device, not durable medical equipment, including provision of cartridge and dressing(s), topical application(s), wound assessment, and instructions for ongoing care, per session; total wounds(s) surface area less than or equal to 50 square centimeters

**Global:**

**Issue:** Negative Pressure Wound Therapy

**Screen:** CMS Request - Final Rule for 2013

**Complete?** Yes

**Most Recent RUC Meeting:** January 2014

**Tab 17 Specialty Developing Recommendation:**

**First Identified:** November 2012

**2019 est Medicare Utilization:**

**2007 Work RVU:**

**2020 Work RVU:**

**2007 NF PE RVU:**

**2020 NF PE RVU:**

**2007 Fac PE RVU**

**2020 Fac PE RVU:**

**RUC Recommendation:** RUC recommended to survey but no specialty society interest followed. CMS deleted.

**Referred to CPT** May 2013

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**Result:** Deleted from CPT

**G0457** Negative pressure wound therapy, (e.g. vacuum assisted drainage collection) using a mechanically-powered device, not durable medical equipment, including provision of cartridge and dressing(s), topical application(s), wound assessment, and instructions for ongoing care, per session; total wounds(s) surface area greater than 50 square centimeters

**Global:**

**Issue:** Negative Pressure Wound Therapy

**Screen:** CMS Request - Final Rule for 2013

**Complete?** Yes

**Most Recent RUC Meeting:** January 2014

**Tab 17 Specialty Developing Recommendation:**

**First Identified:** November 2012

**2019 est Medicare Utilization:**

**2007 Work RVU:**

**2020 Work RVU:**

**2007 NF PE RVU:**

**2020 NF PE RVU:**

**2007 Fac PE RVU**

**2020 Fac PE RVU:**

**RUC Recommendation:** RUC recommended to survey but no specialty society interest followed. CMS deleted.

**Referred to CPT** May 2013

**Referred to CPT Asst** ☐

**Published in CPT Asst:**

**Result:** Deleted from CPT



## Status Report: CMS Requests and Relativity Assessment Issues

<b>G6002</b> Stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy		<b>Global:</b> XXX	<b>Issue:</b>	<b>Screen:</b> CMS-Other - Utilization over 30,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2018	<b>Tab</b> 31	<b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> October 2017	<b>2019 est Medicare Utilization:</b> 1,291,326	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU</b> <b>Result:</b> Remove from screen
<b>RUC Recommendation:</b> Remove from screen			<b>Referred to CPT</b>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> 0.39 <b>2020 NF PE RVU:</b> 1.71 <b>2020 Fac PE RVU:</b> NA
			<b>Referred to CPT Asst</b> <input type="checkbox"/>		
<hr/>					
<b>G6014</b> Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20 mev or greater		<b>Global:</b> XXX	<b>Issue:</b> RAW	<b>Screen:</b> CMS-Other - Utilization over 20,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> October 2019	<b>Tab</b> 17	<b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> January 2019	<b>2019 est Medicare Utilization:</b> 22,014	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU</b> <b>Result:</b> Remove from Screen
<b>RUC Recommendation:</b> Remove from screen			<b>Referred to CPT</b>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> 0.00 <b>2020 NF PE RVU:</b> 7.28 <b>2020 Fac PE RVU:</b> NA
			<b>Referred to CPT Asst</b> <input type="checkbox"/>		
<hr/>					
<b>GPCX1</b> Visit complexity inherent to evaluation and management associated with medical care services that serve as the continuing focal point for all needed health care services and/or with medical care services that are part of ongoing care related to a patient's single, serious, or complex chronic condition. (Add-on code, list separately in addition to office/ outpatient evaluation and management visit, new or established)		<b>Global:</b>	<b>Issue:</b> Visit Complexity E/M Add-On	<b>Screen:</b> CMS Request - Final Rule for 2020	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2020	<b>Tab</b> 34	<b>Specialty Developing Recommendation:</b>	<b>First Identified:</b> November 2019	<b>2019 est Medicare Utilization:</b>	<b>2007 Work RVU:</b> <b>2007 NF PE RVU:</b> <b>2007 Fac PE RVU</b> <b>Result:</b> N/A
<b>RUC Recommendation:</b> No recommendation on physician work, time or PE for this code. CMS estimates of utilization for code GPC1X should be more conservative.			<b>Referred to CPT</b>	<b>Published in CPT Asst:</b>	<b>2020 Work RVU:</b> <b>2020 NF PE RVU:</b> <b>2020 Fac PE RVU:</b>
			<b>Referred to CPT Asst</b> <input type="checkbox"/>		

## Status Report: CMS Requests and Relativity Assessment Issues

<b>P3001</b>	<b>Screening papanicolaou smear, cervical or vaginal, up to three smears, requiring interpretation by physician</b>	<b>Global:</b> XXX	<b>Issue:</b> Cytopathology Cervical/Vaginal	<b>Screen:</b> CMS-Other - Utilization over 30,000	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> April 2018	<b>Tab</b> 26	<b>Specialty Developing Recommendation:</b> CAP	<b>First Identified:</b> October 2017	<b>2019 est Medicare Utilization:</b> 1,599	<b>2007 Work RVU:</b> 0.42 <b>2020 Work RVU:</b> 0.26 <b>2007 NF PE RVU:</b> 0.21 <b>2020 NF PE RVU:</b> 0.46 <b>2007 Fac PE RVU:</b> 0.21 <b>2020 Fac PE RVU:</b> 0.46 <b>Result:</b> Maintain
<b>RUC Recommendation:</b> 0.42			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	

<b>Q0091</b>	<b>Screening papanicolaou smear; obtaining, preparing and conveyance of cervical or vaginal smear to laboratory</b>	<b>Global:</b> XXX	<b>Issue:</b> RAW	<b>Screen:</b> CMS-Other - Utilization over 30,000-Part2	<b>Complete?</b> Yes
<b>Most Recent RUC Meeting:</b> January 2019	<b>Tab</b> 37	<b>Specialty Developing Recommendation:</b> No Specialty Society Interest	<b>First Identified:</b> October 2018	<b>2019 est Medicare Utilization:</b> 533,729	<b>2007 Work RVU:</b> 0.37 <b>2020 Work RVU:</b> 0.37 <b>2007 NF PE RVU:</b> 0.69 <b>2020 NF PE RVU:</b> 0.81 <b>2007 Fac PE RVU:</b> 0.13 <b>2020 Fac PE RVU:</b> 0.14 <b>Result:</b> Maintain
<b>RUC Recommendation:</b> RUC recommended to survey but no specialty society interest followed.			<b>Referred to CPT</b> <b>Referred to CPT Asst</b> <input type="checkbox"/>	<b>Published in CPT Asst:</b>	

## *RUC Referrals to CPT Editorial Panel - Outstanding Issues*

0191T	<b>Insertion of anterior segment aqueous drainage device, without extraocular reservoir, internal approach, into the trabecular meshwork; initial insertion</b>	<a href="#"><u>Screen</u></a> High Volume Category III Codes	<a href="#"><u>RUC Meeting</u></a> January 2020	<a href="#"><u>Specialty Society:</u></a> AAO	<a href="#"><u>CPT Meeting</u></a> October 2020
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**Background:** At the April 2019 RUC meeting under new business, Doctor Smith referred the issues of examining Category III codes with high volume to the Relativity Assessment Workgroup. The Workgroup identified code 0191T. In January 2020, the RUC recommended that the specialty societies develop a coding application for Category I status for the October 2020 CPT meeting.

01936	<b>Anesthesia for percutaneous image guided procedures on the spine and spinal cord; therapeutic</b>	<a href="#"><u>Screen</u></a> High Volume Growth4	<a href="#"><u>RUC Meeting</u></a> October 2019	<a href="#"><u>Specialty Society:</u></a> ASA	<a href="#"><u>CPT Meeting</u></a> May 2020
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**Background:** This service was identified on the high volume growth screen, services with total Medicare utilization of 10,000 or more that have increased by at least 100% from 2009 through 2014. In April 2017, the Workgroup noted it was concerned that this service may still be reported inappropriately as the top surgical services reported with 01936 (22513, 22514, 62322, 62323, 63650, 64483 and 64490) utilization does not show significant increases and some of these services indicate that moderate sedation is included. The Workgroup noted that ASA has provided significant education on the correct reporting of this service, however can not reach all other providers of this service or physicians who request the anesthesia service. The Workgroup recommends reviewing 01936 after two years of utilization data are available including the utilization for the top surgical services reported with 01936 (October 2019). In October 2019, the Workgroup recommended that this service be referred to CPT to create more granular codes.

0376T	<b>Insertion of anterior segment aqueous drainage device, without extraocular reservoir, internal approach, into the trabecular meshwork; each additional device insertion (List separately in addition to code for primary procedure)</b>	<a href="#"><u>Screen</u></a> High Volume Category III Codes	<a href="#"><u>RUC Meeting</u></a> January 2020	<a href="#"><u>Specialty Society:</u></a> AAO	<a href="#"><u>CPT Meeting</u></a> October 2020
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**Background:** At the April 2019 RUC meeting under new business, Doctor Smith referred the issues of examining Category III codes with high volume to the Relativity Assessment Workgroup. The Workgroup identified code 0191T. In January 2020, the RUC recommended that the specialty societies develop a coding application for Category I status for the October 2020 CPT meeting.

0446T	<b>Creation of subcutaneous pocket with insertion of implantable interstitial glucose sensor, including system activation and patient training</b>	<a href="#"><u>Screen</u></a> CMS Request - Final Rule for 2020	<a href="#"><u>RUC Meeting</u></a> January 2020	<a href="#"><u>Specialty Society:</u></a> AACE, ES	<a href="#"><u>CPT Meeting</u></a> Time uncertain
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**Background:** In the CY 2020 Final Rule, CMS sought information from stakeholders on the resources involved in furnishing the services described by Category III codes 0446T, 0447T and 0448T. CMS was specifically seeking recommendations, including the work RVUs, work time, and direct PE inputs, associated with the resources involved in inserting and removing the device, as well as the resource costs of the implantable device and disposable supplies. The Agency expressed concern for the immediate needs of Medicare beneficiaries with diabetes and stated that "the contractor pricing for these services has contributed to significant confusion in the community with regards to Medicare payment rules for these kinds of monitoring systems." Under existing policies of CMS, any recommendations submitted by February 10, 2020 would be considered for CY 2021 Physician Payment Schedule rulemaking. Accordingly, codes 0446T, 0447T and 0448T were placed on the RUC agenda for the January 2020 meeting. The specialty societies initially requested referral to the CPT Editorial Panel for Category III codes 0446T, 0447T and 0448T. These services were only approved by the FDA in June 2018 and have not yet been widely adopted, therefore a survey may not yield an accurate recommendation to CMS for consideration. It was also understood that this technology would be significantly revised over the next twelve months, which would result in the revision of these services and/or the development of additional codes for consideration. At the RUC meeting, however, the specialties indicated that they had reconsidered their request for referral because their discussions with the manufacturer indicated that it intended to convert the codes to Category I at some point in the future when the data and literature were available to support such an application. The RUC recommends that the codes remain contractor priced and that CPT codes 0446T, 0447T and 0448T be referred to the CPT Editorial Panel time uncertain.

## RUC Referrals to CPT Editorial Panel - Outstanding Issues

0447T	<b>Removal of implantable interstitial glucose sensor from subcutaneous pocket via incision</b>	<a href="#">Screen</a> CMS Request - Final Rule for 2020	<a href="#">RUC Meeting</a> January 2020	<a href="#">Specialty Society:</a> AACE, ES	<a href="#">CPT Meeting</a> Time uncertain
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**Background:** In the CY 2020 Final Rule, CMS sought information from stakeholders on the resources involved in furnishing the services described by Category III codes 0446T, 0447T and 0448T. CMS was specifically seeking recommendations, including the work RVUs, work time, and direct PE inputs, associated with the resources involved in inserting and removing the device, as well as the resource costs of the implantable device and disposable supplies. The Agency expressed concern for the immediate needs of Medicare beneficiaries with diabetes and stated that “the contractor pricing for these services has contributed to significant confusion in the community with regards to Medicare payment rules for these kinds of monitoring systems.” Under existing policies of CMS, any recommendations submitted by February 10, 2020 would be considered for CY 2021 Physician Payment Schedule rulemaking. Accordingly, codes 0446T, 0447T and 0448T were placed on the RUC agenda for the January 2020 meeting. The specialty societies initially requested referral to the CPT Editorial Panel for Category III codes 0446T, 0447T and 0448T. These services were only approved by the FDA in June 2018 and have not yet been widely adopted, therefore a survey may not yield an accurate recommendation to CMS for consideration. It was also understood that this technology would be significantly revised over the next twelve months, which would result in the revision of these services and/or the development of additional codes for consideration. At the RUC meeting, however, the specialties indicated that they had reconsidered their request for referral because their discussions with the manufacturer indicated that it intended to convert the codes to Category I at some point in the future when the data and literature were available to support such an application. The RUC recommends that the codes remain contractor priced and that CPT codes 0446T, 0447T and 0448T be referred to the CPT Editorial Panel time uncertain.

0448T	<b>Removal of implantable interstitial glucose sensor with creation of subcutaneous pocket at different anatomic site and insertion of new implantable sensor, including system activation</b>	<a href="#">Screen</a> CMS Request - Final Rule for 2020	<a href="#">RUC Meeting</a> January 2020	<a href="#">Specialty Society:</a> AACE, ES	<a href="#">CPT Meeting</a> Time uncertain
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**Background:** In the CY 2020 Final Rule, CMS sought information from stakeholders on the resources involved in furnishing the services described by Category III codes 0446T, 0447T and 0448T. CMS was specifically seeking recommendations, including the work RVUs, work time, and direct PE inputs, associated with the resources involved in inserting and removing the device, as well as the resource costs of the implantable device and disposable supplies. The Agency expressed concern for the immediate needs of Medicare beneficiaries with diabetes and stated that “the contractor pricing for these services has contributed to significant confusion in the community with regards to Medicare payment rules for these kinds of monitoring systems.” Under existing policies of CMS, any recommendations submitted by February 10, 2020 would be considered for CY 2021 Physician Payment Schedule rulemaking. Accordingly, codes 0446T, 0447T and 0448T were placed on the RUC agenda for the January 2020 meeting. The specialty societies initially requested referral to the CPT Editorial Panel for Category III codes 0446T, 0447T and 0448T. These services were only approved by the FDA in June 2018 and have not yet been widely adopted, therefore a survey may not yield an accurate recommendation to CMS for consideration. It was also understood that this technology would be significantly revised over the next twelve months, which would result in the revision of these services and/or the development of additional codes for consideration. At the RUC meeting, however, the specialties indicated that they had reconsidered their request for referral because their discussions with the manufacturer indicated that it intended to convert the codes to Category I at some point in the future when the data and literature were available to support such an application. The RUC recommends that the codes remain contractor priced and that CPT codes 0446T, 0447T and 0448T be referred to the CPT Editorial Panel time uncertain.

37220	<b>Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty</b>	<a href="#">Screen</a> High Volume Growth1	<a href="#">RUC Meeting</a> January 2019	<a href="#">Specialty Society:</a> SVS, ACS, SIR, ACR, ACC	<a href="#">CPT Meeting</a> October 2020
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**Background:** In October 2018, 37225, 37227 and 37229 services were identified by the PE High Cost Supplies screen for services with non-facility Medicare utilization over 10,000, not reviewed in the last five years and include a supply item greater than \$500. The RUC requests an action plan for the January 2019 on how to address these services. The Workgroup reviewed the action plan for these services, noting that CMS repriced these supply items for 2019. The specialty societies indicated that they agreed these supply items were essential to perform CPT codes 37225, 37227 and 37229 and that the current repricing was appropriate. The Workgroup noted that CPT code 37229 was identified on the High Volume Growth screen at this meeting and the Workgroup agreed with the specialty societies to refer this entire family of services to CPT for revision to accommodate new technologies.

## *RUC Referrals to CPT Editorial Panel - Outstanding Issues*

37221	<b>Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed</b>	<a href="#">Screen</a> High Volume Growth1	<a href="#">RUC Meeting</a> January 2019	<a href="#">Specialty Society:</a> SVS, ACS, SIR, ACR, ACC	<a href="#">CPT Meeting</a> October 2020
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**Background:** In October 2018, 37225, 37227 and 37229 services were identified by the PE High Cost Supplies screen for services with non-facility Medicare utilization over 10,000, not reviewed in the last five years and include a supply item greater than \$500. The RUC requests an action plan for the January 2019 on how to address these services. The Workgroup reviewed the action plan for these services, noting that CMS repriced these supply items for 2019. The specialty societies indicated that they agreed these supply items were essential to perform CPT codes 37225, 37227 and 37229 and that the current repricing was appropriate. The Workgroup noted that CPT code 37229 was identified on the High Volume Growth screen at this meeting and the Workgroup agreed with the specialty societies to refer this entire family of services to CPT for revision to accommodate new technologies.

37222	<b>Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)</b>	<a href="#">Screen</a> High Volume Growth1	<a href="#">RUC Meeting</a> January 2019	<a href="#">Specialty Society:</a> SVS, ACS, SIR, ACR, ACC	<a href="#">CPT Meeting</a> October 2020
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**Background:** In October 2018, 37225, 37227 and 37229 services were identified by the PE High Cost Supplies screen for services with non-facility Medicare utilization over 10,000, not reviewed in the last five years and include a supply item greater than \$500. The RUC requests an action plan for the January 2019 on how to address these services. The Workgroup reviewed the action plan for these services, noting that CMS repriced these supply items for 2019. The specialty societies indicated that they agreed these supply items were essential to perform CPT codes 37225, 37227 and 37229 and that the current repricing was appropriate. The Workgroup noted that CPT code 37229 was identified on the High Volume Growth screen at this meeting and the Workgroup agreed with the specialty societies to refer this entire family of services to CPT for revision to accommodate new technologies.

37223	<b>Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)</b>	<a href="#">Screen</a> High Volume Growth1	<a href="#">RUC Meeting</a> January 2019	<a href="#">Specialty Society:</a> SVS, ACS, SIR, ACR, ACC	<a href="#">CPT Meeting</a> October 2020
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**Background:** In October 2018, 37225, 37227 and 37229 services were identified by the PE High Cost Supplies screen for services with non-facility Medicare utilization over 10,000, not reviewed in the last five years and include a supply item greater than \$500. The RUC requests an action plan for the January 2019 on how to address these services. The Workgroup reviewed the action plan for these services, noting that CMS repriced these supply items for 2019. The specialty societies indicated that they agreed these supply items were essential to perform CPT codes 37225, 37227 and 37229 and that the current repricing was appropriate. The Workgroup noted that CPT code 37229 was identified on the High Volume Growth screen at this meeting and the Workgroup agreed with the specialty societies to refer this entire family of services to CPT for revision to accommodate new technologies.

37224	<b>Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty</b>	<a href="#">Screen</a> High Volume Growth1	<a href="#">RUC Meeting</a> January 2019	<a href="#">Specialty Society:</a> SVS, ACS, SIR, ACR, ACC	<a href="#">CPT Meeting</a> October 2020
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**Background:** In October 2018, 37225, 37227 and 37229 services were identified by the PE High Cost Supplies screen for services with non-facility Medicare utilization over 10,000, not reviewed in the last five years and include a supply item greater than \$500. The RUC requests an action plan for the January 2019 on how to address these services. The Workgroup reviewed the action plan for these services, noting that CMS repriced these supply items for 2019. The specialty societies indicated that they agreed these supply items were essential to perform CPT codes 37225, 37227 and 37229 and that the current repricing was appropriate. The Workgroup noted that CPT code 37229 was identified on the High Volume Growth screen at this meeting and the Workgroup agreed with the specialty societies to refer this entire family of services to CPT for revision to accommodate new technologies.

## *RUC Referrals to CPT Editorial Panel - Outstanding Issues*

37225	<b>Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed</b>	<u><a href="#">Screen</a></u> High Volume Growth1 / PE Screen - High Cost Supplies	<u><a href="#">RUC Meeting</a></u> January 2019	<u><a href="#">Specialty Society:</a></u> SVS, ACS, SIR, ACR, ACC	<u><a href="#">CPT Meeting</a></u> October 2020
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**Background:** In October 2018, 37225, 37227 and 37229 services were identified by the PE High Cost Supplies screen for services with non-facility Medicare utilization over 10,000, not reviewed in the last five years and include a supply item greater than \$500. The RUC requests an action plan for the January 2019 on how to address these services. The Workgroup reviewed the action plan for these services, noting that CMS repriced these supply items for 2019. The specialty societies indicated that they agreed these supply items were essential to perform CPT codes 37225, 37227 and 37229 and that the current repricing was appropriate. The Workgroup noted that CPT code 37229 was identified on the High Volume Growth screen at this meeting and the Workgroup agreed with the specialty societies to refer this entire family of services to CPT for revision to accommodate new technologies.

37226	<b>Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed</b>	<u><a href="#">Screen</a></u> High Volume Growth1	<u><a href="#">RUC Meeting</a></u> January 2019	<u><a href="#">Specialty Society:</a></u> SVS, ACS, SIR, ACR, ACC	<u><a href="#">CPT Meeting</a></u> October 2020
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**Background:** In October 2018, 37225, 37227 and 37229 services were identified by the PE High Cost Supplies screen for services with non-facility Medicare utilization over 10,000, not reviewed in the last five years and include a supply item greater than \$500. The RUC requests an action plan for the January 2019 on how to address these services. The Workgroup reviewed the action plan for these services, noting that CMS repriced these supply items for 2019. The specialty societies indicated that they agreed these supply items were essential to perform CPT codes 37225, 37227 and 37229 and that the current repricing was appropriate. The Workgroup noted that CPT code 37229 was identified on the High Volume Growth screen at this meeting and the Workgroup agreed with the specialty societies to refer this entire family of services to CPT for revision to accommodate new technologies.

37227	<b>Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed</b>	<u><a href="#">Screen</a></u> High Volume Growth1 / PE Screen - High Cost Supplies	<u><a href="#">RUC Meeting</a></u> January 2019	<u><a href="#">Specialty Society:</a></u> SVS, ACS, SIR, ACR, ACC	<u><a href="#">CPT Meeting</a></u> October 2020
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**Background:** In October 2018, 37225, 37227 and 37229 services were identified by the PE High Cost Supplies screen for services with non-facility Medicare utilization over 10,000, not reviewed in the last five years and include a supply item greater than \$500. The RUC requests an action plan for the January 2019 on how to address these services. The Workgroup reviewed the action plan for these services, noting that CMS repriced these supply items for 2019. The specialty societies indicated that they agreed these supply items were essential to perform CPT codes 37225, 37227 and 37229 and that the current repricing was appropriate. The Workgroup noted that CPT code 37229 was identified on the High Volume Growth screen at this meeting and the Workgroup agreed with the specialty societies to refer this entire family of services to CPT for revision to accommodate new technologies.

37228	<b>Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal angioplasty</b>	<u><a href="#">Screen</a></u> High Volume Growth1	<u><a href="#">RUC Meeting</a></u> January 2019	<u><a href="#">Specialty Society:</a></u> SVS, ACS, SIR, ACR, ACC	<u><a href="#">CPT Meeting</a></u> October 2020
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**Background:** In October 2018, 37225, 37227 and 37229 services were identified by the PE High Cost Supplies screen for services with non-facility Medicare utilization over 10,000, not reviewed in the last five years and include a supply item greater than \$500. The RUC requests an action plan for the January 2019 on how to address these services. The Workgroup reviewed the action plan for these services, noting that CMS repriced these supply items for 2019. The specialty societies indicated that they agreed these supply items were essential to perform CPT codes 37225, 37227 and 37229 and that the current repricing was appropriate. The Workgroup noted that CPT code 37229 was identified on the High Volume Growth screen at this meeting and the Workgroup agreed with the specialty societies to refer this entire family of services to CPT for revision to accommodate new technologies.



## *RUC Referrals to CPT Editorial Panel - Outstanding Issues*

37229	<b>Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed</b>	<u><a href="#">Screen</a></u> High Volume Growth1 / PE Screen - High Cost Supplies / High Volume Growth5	<u><a href="#">RUC Meeting</a></u> January 2019	<u><a href="#">Specialty Society:</a></u> SVS, ACS, SIR, ACR, ACC	<u><a href="#">CPT Meeting</a></u> October 2020
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**Background:** In October 2018, 37225, 37227 and 37229 services were identified by the PE High Cost Supplies screen for services with non-facility Medicare utilization over 10,000, not reviewed in the last five years and include a supply item greater than \$500. The RUC requests an action plan for the January 2019 on how to address these services. The Workgroup reviewed the action plan for these services, noting that CMS repriced these supply items for 2019. The specialty societies indicated that they agreed these supply items were essential to perform CPT codes 37225, 37227 and 37229 and that the current repricing was appropriate. The Workgroup noted that CPT code 37229 was identified on the High Volume Growth screen at this meeting and the Workgroup agreed with the specialty societies to refer this entire family of services to CPT for revision to accommodate new technologies.

37230	<b>Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed</b>	<u><a href="#">Screen</a></u> High Volume Growth1	<u><a href="#">RUC Meeting</a></u> January 2019	<u><a href="#">Specialty Society:</a></u> SVS, ACS, SIR, ACR, ACC	<u><a href="#">CPT Meeting</a></u> October 2020
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**Background:** In October 2018, 37225, 37227 and 37229 services were identified by the PE High Cost Supplies screen for services with non-facility Medicare utilization over 10,000, not reviewed in the last five years and include a supply item greater than \$500. The RUC requests an action plan for the January 2019 on how to address these services. The Workgroup reviewed the action plan for these services, noting that CMS repriced these supply items for 2019. The specialty societies indicated that they agreed these supply items were essential to perform CPT codes 37225, 37227 and 37229 and that the current repricing was appropriate. The Workgroup noted that CPT code 37229 was identified on the High Volume Growth screen at this meeting and the Workgroup agreed with the specialty societies to refer this entire family of services to CPT for revision to accommodate new technologies.

37231	<b>Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed</b>	<u><a href="#">Screen</a></u> High Volume Growth1	<u><a href="#">RUC Meeting</a></u> January 2019	<u><a href="#">Specialty Society:</a></u> SVS, ACS, SIR, ACR, ACC	<u><a href="#">CPT Meeting</a></u> October 2020
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**Background:** In October 2018, 37225, 37227 and 37229 services were identified by the PE High Cost Supplies screen for services with non-facility Medicare utilization over 10,000, not reviewed in the last five years and include a supply item greater than \$500. The RUC requests an action plan for the January 2019 on how to address these services. The Workgroup reviewed the action plan for these services, noting that CMS repriced these supply items for 2019. The specialty societies indicated that they agreed these supply items were essential to perform CPT codes 37225, 37227 and 37229 and that the current repricing was appropriate. The Workgroup noted that CPT code 37229 was identified on the High Volume Growth screen at this meeting and the Workgroup agreed with the specialty societies to refer this entire family of services to CPT for revision to accommodate new technologies.

37232	<b>Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)</b>	<u><a href="#">Screen</a></u> High Volume Growth1	<u><a href="#">RUC Meeting</a></u> January 2019	<u><a href="#">Specialty Society:</a></u> SVS, ACS, SIR, ACR, ACC	<u><a href="#">CPT Meeting</a></u> October 2020
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**Background:** In October 2018, 37225, 37227 and 37229 services were identified by the PE High Cost Supplies screen for services with non-facility Medicare utilization over 10,000, not reviewed in the last five years and include a supply item greater than \$500. The RUC requests an action plan for the January 2019 on how to address these services. The Workgroup reviewed the action plan for these services, noting that CMS repriced these supply items for 2019. The specialty societies indicated that they agreed these supply items were essential to perform CPT codes 37225, 37227 and 37229 and that the current repricing was appropriate. The Workgroup noted that CPT code 37229 was identified on the High Volume Growth screen at this meeting and the Workgroup agreed with the specialty societies to refer this entire family of services to CPT for revision to accommodate new technologies.

## *RUC Referrals to CPT Editorial Panel - Outstanding Issues*

37233	<b>Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)</b>	<u><a href="#">Screen</a></u> High Volume Growth1	<u><a href="#">RUC Meeting</a></u> January 2019	<u><a href="#">Specialty Society:</a></u> SVS, ACS, SIR, ACR, ACC	<u><a href="#">CPT Meeting</a></u> October 2020
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**Background:** In October 2018, 37225, 37227 and 37229 services were identified by the PE High Cost Supplies screen for services with non-facility Medicare utilization over 10,000, not reviewed in the last five years and include a supply item greater than \$500. The RUC requests an action plan for the January 2019 on how to address these services. The Workgroup reviewed the action plan for these services, noting that CMS repriced these supply items for 2019. The specialty societies indicated that they agreed these supply items were essential to perform CPT codes 37225, 37227 and 37229 and that the current repricing was appropriate. The Workgroup noted that CPT code 37229 was identified on the High Volume Growth screen at this meeting and the Workgroup agreed with the specialty societies to refer this entire family of services to CPT for revision to accommodate new technologies.

37234	<b>Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)</b>	<u><a href="#">Screen</a></u> High Volume Growth1	<u><a href="#">RUC Meeting</a></u> January 2019	<u><a href="#">Specialty Society:</a></u> SVS, ACS, SIR, ACR, ACC	<u><a href="#">CPT Meeting</a></u> October 2020
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**Background:** In October 2018, 37225, 37227 and 37229 services were identified by the PE High Cost Supplies screen for services with non-facility Medicare utilization over 10,000, not reviewed in the last five years and include a supply item greater than \$500. The RUC requests an action plan for the January 2019 on how to address these services. The Workgroup reviewed the action plan for these services, noting that CMS repriced these supply items for 2019. The specialty societies indicated that they agreed these supply items were essential to perform CPT codes 37225, 37227 and 37229 and that the current repricing was appropriate. The Workgroup noted that CPT code 37229 was identified on the High Volume Growth screen at this meeting and the Workgroup agreed with the specialty societies to refer this entire family of services to CPT for revision to accommodate new technologies.

37235	<b>Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)</b>	<u><a href="#">Screen</a></u> High Volume Growth1	<u><a href="#">RUC Meeting</a></u> January 2019	<u><a href="#">Specialty Society:</a></u> SVS, ACS, SIR, ACR, ACC	<u><a href="#">CPT Meeting</a></u> October 2020
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**Background:** In October 2018, 37225, 37227 and 37229 services were identified by the PE High Cost Supplies screen for services with non-facility Medicare utilization over 10,000, not reviewed in the last five years and include a supply item greater than \$500. The RUC requests an action plan for the January 2019 on how to address these services. The Workgroup reviewed the action plan for these services, noting that CMS repriced these supply items for 2019. The specialty societies indicated that they agreed these supply items were essential to perform CPT codes 37225, 37227 and 37229 and that the current repricing was appropriate. The Workgroup noted that CPT code 37229 was identified on the High Volume Growth screen at this meeting and the Workgroup agreed with the specialty societies to refer this entire family of services to CPT for revision to accommodate new technologies.



## *RUC Referrals to CPT Editorial Panel - Outstanding Issues*

49565	Repair recurrent incisional or ventral hernia; reducible	<a href="#">Screen</a>	<a href="#">RUC Meeting</a>	<a href="#">Specialty Society:</a>	<a href="#">CPT Meeting</a>
		Site of Service Anomaly - 2019	January 2020	ACS, SAGES	February 2021

**Background:** In October 2019, the Relativity Assessment Workgroup identified CPT code 49565 as performed less than 50% of the time in the inpatient setting yet included inpatient hospital Evaluation and Management services within the global period with 2018e Medicare utilization over 5,000. The RUC recommended this service be surveyed for January 2020. In January 2020, the specialty societies requested that CPT code 49565 be referred to the May 2020 CPT Editorial Panel to update the descriptor to current standard of practice and typical patient presentation; for example, mesh insertion and removal, and size and number of defects. The RUC questioned if CPT codes 49560, 49561, 49566 and/or 49568 are considered part of this family of services. The specialty society indicated they will define the family of services on the correct coding application (CCA). The RUC recommends that these services be referred to the May 2020 CPT Editorial Panel. The specialties are will submit a CCA for the CPT 2023 cycle.

50080	Percutaneous nephrostolithotomy or pyelostolithotomy, with or without dilation, endoscopy, lithotripsy, stenting, or basket extraction; up to 2 cm	<a href="#">Screen</a>	<a href="#">RUC Meeting</a>	<a href="#">Specialty Society:</a>	<a href="#">CPT Meeting</a>
		Site of Service Anomaly - 2019	January 2020	AUA	October 2020

**Background:** In January 2020, the specialty societies requested that CPT codes 50080 and 50081 be referred to the CPT Editorial Panel to update the descriptors to remove the phrase "with or without" and clearly differentiate work in current practice.

50081	Percutaneous nephrostolithotomy or pyelostolithotomy, with or without dilation, endoscopy, lithotripsy, stenting, or basket extraction; over 2 cm	<a href="#">Screen</a>	<a href="#">RUC Meeting</a>	<a href="#">Specialty Society:</a>	<a href="#">CPT Meeting</a>
		Site of Service Anomaly - 2019	January 2020	AUA	October 2020

**Background:** In January 2020, the specialty societies requested that CPT codes 50080 and 50081 be referred to the CPT Editorial Panel to update the descriptors to remove the phrase "with or without" and clearly differentiate work in current practice.

64415	Injection(s), anesthetic agent(s) and/or steroid; brachial plexus	<a href="#">Screen</a>	<a href="#">RUC Meeting</a>	<a href="#">Specialty Society:</a>	<a href="#">CPT Meeting</a>
		CMS Fastest Growing	October 2018	AAPM, ASA	October 2020

**Background:** During the October 2018 RUC presentation of the Somatic Nerve Injection family of services, the specialty societies stated that codes 64415, 64416, 64417, 64446, 64447, and 64448 were reported with code 76942 Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation more than 50 percent of the time. Specifically, 76 percent with 64415, 85 percent with 64416, 68 percent with 64417, 77 percent with 64446, 77 percent with 64447, and 79 percent with 64448. The societies indicated they would submit a code change application to bundle 76942 into codes 64415, 64416, 64417, 64446, 64447, and 64448 for the 2021 cycle. This overlap was accounted for in the above RUC recommendations for these services. The RUC refers CPT codes 64415, 64416, 64417, 64446, 64447 and 64448 to be bundled with ultrasound guidance, CPT code 76942 to the CPT Editorial Panel for CPT 2021. In September 2019, this issue was postponed until after the CPT Imaging Guidance Workgroup completes its work.

## *RUC Referrals to CPT Editorial Panel - Outstanding Issues*

64416	<b>Injection(s), anesthetic agent(s) and/or steroid; brachial plexus, continuous infusion by catheter (including catheter placement)</b>	<u><a href="#">Screen</a></u> Site of Service Anomaly / High Volume Growth2	<u><a href="#">RUC Meeting</a></u> October 2018	<u><a href="#">Specialty Society:</a></u> ASA	<u><a href="#">CPT Meeting</a></u> October 2020
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**Background:** During the October 2018 RUC presentation of the Somatic Nerve Injection family of services, the specialty societies stated that codes 64415, 64416, 64417, 64446, 64447, and 64448 were reported with code 76942 Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation more than 50 percent of the time. Specifically, 76 percent with 64415, 85 percent with 64416, 68 percent with 64417, 77 percent with 64446, 77 percent with 64447, and 79 percent with 64448. The societies indicated they would submit a code change application to bundle 76942 into codes 64415, 64416, 64417, 64446, 64447, and 64448 for the 2021 cycle. This overlap was accounted for in the above RUC recommendations for these services. The RUC refers CPT codes 64415, 64416, 64417, 64446, 64447 and 64448 to be bundled with ultrasound guidance, CPT code 76942 to the CPT Editorial Panel for CPT 2021. In September 2019, this issue was postponed until after the CPT Imaging Guidance Workgroup completes its work.

64417	<b>Injection(s), anesthetic agent(s) and/or steroid; axillary nerve</b>	<u><a href="#">Screen</a></u> part of New/Revised Review	<u><a href="#">RUC Meeting</a></u> October 2018	<u><a href="#">Specialty Society:</a></u> ASA	<u><a href="#">CPT Meeting</a></u> October 2020
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**Background:** During the October 2018 RUC presentation of the Somatic Nerve Injection family of services, the specialty societies stated that codes 64415, 64416, 64417, 64446, 64447, and 64448 were reported with code 76942 Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation more than 50 percent of the time. Specifically, 76 percent with 64415, 85 percent with 64416, 68 percent with 64417, 77 percent with 64446, 77 percent with 64447, and 79 percent with 64448. The societies indicated they would submit a code change application to bundle 76942 into codes 64415, 64416, 64417, 64446, 64447, and 64448 for the 2021 cycle. This overlap was accounted for in the above RUC recommendations for these services. The RUC refers CPT codes 64415, 64416, 64417, 64446, 64447 and 64448 to be bundled with ultrasound guidance, CPT code 76942 to the CPT Editorial Panel for CPT 2021. In September 2019, this issue was postponed until after the CPT Imaging Guidance Workgroup completes its work.

64446	<b>Injection(s), anesthetic agent(s) and/or steroid; sciatic nerve, continuous infusion by catheter (including catheter placement)</b>	<u><a href="#">Screen</a></u> Site of Service Anomaly / High Volume Growth1	<u><a href="#">RUC Meeting</a></u> October 2018	<u><a href="#">Specialty Society:</a></u> ASA	<u><a href="#">CPT Meeting</a></u> October 2020
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**Background:** During the October 2018 RUC presentation of the Somatic Nerve Injection family of services, the specialty societies stated that codes 64415, 64416, 64417, 64446, 64447, and 64448 were reported with code 76942 Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation more than 50 percent of the time. Specifically, 76 percent with 64415, 85 percent with 64416, 68 percent with 64417, 77 percent with 64446, 77 percent with 64447, and 79 percent with 64448. The societies indicated they would submit a code change application to bundle 76942 into codes 64415, 64416, 64417, 64446, 64447, and 64448 for the 2021 cycle. This overlap was accounted for in the above RUC recommendations for these services. The RUC refers CPT codes 64415, 64416, 64417, 64446, 64447 and 64448 to be bundled with ultrasound guidance, CPT code 76942 to the CPT Editorial Panel for CPT 2021. In September 2019, this issue was postponed until after the CPT Imaging Guidance Workgroup completes its work.

## *RUC Referrals to CPT Editorial Panel - Outstanding Issues*

64447	<b>Injection(s), anesthetic agent(s) and/or steroid; femoral nerve</b>	<a href="#"><u>Screen</u></a> CMS Fastest Growing	<a href="#"><u>RUC Meeting</u></a> October 2018	<a href="#"><u>Specialty Society:</u></a> AAPM, ASA	<a href="#"><u>CPT Meeting</u></a> October 2020
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**Background:** During the October 2018 RUC presentation of the Somatic Nerve Injection family of services, the specialty societies stated that codes 64415, 64416, 64417, 64446, 64447, and 64448 were reported with code 76942 Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation more than 50 percent of the time. Specifically, 76 percent with 64415, 85 percent with 64416, 68 percent with 64417, 77 percent with 64446, 77 percent with 64447, and 79 percent with 64448. The societies indicated they would submit a code change application to bundle 76942 into codes 64415, 64416, 64417, 64446, 64447, and 64448 for the 2021 cycle. This overlap was accounted for in the above RUC recommendations for these services. The RUC refers CPT codes 64415, 64416, 64417, 64446, 64447 and 64448 to be bundled with ultrasound guidance, CPT code 76942 to the CPT Editorial Panel for CPT 2021. In September 2019, this issue was postponed until after the CPT Imaging Guidance Workgroup completes its work.

64448	<b>Injection(s), anesthetic agent(s) and/or steroid; femoral nerve, continuous infusion by catheter (including catheter placement)</b>	<a href="#"><u>Screen</u></a> Site of Service Anomaly / High Volume Growth1 / CMS Fastest Growing / High Volume Growth2	<a href="#"><u>RUC Meeting</u></a> October 2018	<a href="#"><u>Specialty Society:</u></a> ASA	<a href="#"><u>CPT Meeting</u></a> October 2020
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**Background:** During the October 2018 RUC presentation of the Somatic Nerve Injection family of services, the specialty societies stated that codes 64415, 64416, 64417, 64446, 64447, and 64448 were reported with code 76942 Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation more than 50 percent of the time. Specifically, 76 percent with 64415, 85 percent with 64416, 68 percent with 64417, 77 percent with 64446, 77 percent with 64447, and 79 percent with 64448. The societies indicated they would submit a code change application to bundle 76942 into codes 64415, 64416, 64417, 64446, 64447, and 64448 for the 2021 cycle. This overlap was accounted for in the above RUC recommendations for these services. The RUC refers CPT codes 64415, 64416, 64417, 64446, 64447 and 64448 to be bundled with ultrasound guidance, CPT code 76942 to the CPT Editorial Panel for CPT 2021. In September 2019, this issue was postponed until after the CPT Imaging Guidance Workgroup completes its work.

64615	<b>Chemodenervation of muscle(s); muscle(s) innervated by facial, trigeminal, cervical spinal and accessory nerves, bilateral (eg, for chronic migraine)</b>	<a href="#"><u>Screen</u></a> High Volume Growth6	<a href="#"><u>RUC Meeting</u></a> January 2020	<a href="#"><u>Specialty Society:</u></a> AAN, AANEM, AAPM&R, NANS	<a href="#"><u>CPT Meeting</u></a> October 2020
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**Background:** In October 2019, the Workgroup identified this service with Medicare utilization of 10,000 or more and has increased by at least 100% from 2013 through 2018e. The Workgroup requests action plans for review at the January 2020 Relativity Assessment Workgroup meeting. In January 2020, the RUC recommended to refer to CPT to clarify this service and make the code more granular to what is being performed. This service was originally surveyed by various specialties, some of which may no longer be typically providing this service.

66174	<b>Transluminal dilation of aqueous outflow canal; without retention of device or stent</b>	<a href="#"><u>Screen</u></a> New Technology/ New Service	<a href="#"><u>RUC Meeting</u></a> January 2020	<a href="#"><u>Specialty Society:</u></a> AAO	<a href="#"><u>CPT Meeting</u></a> October 2020
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**Background:** In January 2020, the RUC reviewed these services and recommends to refer to CPT May 2020. CPT 66174 to revise the descriptor and add exclusionary parentheticals. CPT 66175 should be maintained given it has very low utilization.

## *RUC Referrals to CPT Editorial Panel - Outstanding Issues*

66175	<b>Transluminal dilation of aqueous outflow canal; with retention of device or stent</b>	<a href="#"><u>Screen</u></a> New Technology/ New Service	<a href="#"><u>RUC Meeting</u></a> January 2020	<a href="#"><u>Specialty Society:</u></a> AAO	<a href="#"><u>CPT Meeting</u></a> October 2020
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**Background:** In January 2020, the RUC reviewed these services and recommends to refer to CPT May 2020. CPT 66174 to revise the descriptor and add exclusionary parentheticals. CPT 66175 should be maintained given it has very low utilization.

67141	<b>Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) without drainage, 1 or more sessions; cryotherapy, diathermy</b>	<a href="#"><u>Screen</u></a> Harvard Valued - Utilization over 30,000-Part4	<a href="#"><u>RUC Meeting</u></a> January 2020	<a href="#"><u>Specialty Society:</u></a> AAO, ASRS	<a href="#"><u>CPT Meeting</u></a> May 2020
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**Background:** CPT code 67145 was identified in October 2019 as Harvard Valued utilization over 30,000. The Workgroup requested action plans to examine this service. In January 2020, the RUC recommended to refer to CPT May 2020. The RUC agreed with the specialty societies and recommends that CPT 67145 as well as its parent code CPT 67141 be referred to CPT for a descriptor and global period change. The codes should both be edited to remove the reference to "1 or more sessions" so that the services may be valued as a 010-day procedure versus the current 090-day global.

67145	<b>Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) without drainage, 1 or more sessions; photocoagulation (laser or xenon arc)</b>	<a href="#"><u>Screen</u></a> Harvard Valued - Utilization over 30,000-Part4	<a href="#"><u>RUC Meeting</u></a> January 2020	<a href="#"><u>Specialty Society:</u></a> AAO, ASRS	<a href="#"><u>CPT Meeting</u></a> May 2020
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**Background:** CPT code 67145 was identified in October 2019 as Harvard Valued utilization over 30,000. The Workgroup requested action plans to examine this service. In January 2020, the RUC recommended to refer to CPT May 2020. The RUC agreed with the specialty societies and recommends that CPT 67145 as well as its parent code CPT 67141 be referred to CPT for a descriptor and global period change. The codes should both be edited to remove the reference to "1 or more sessions" so that the services may be valued as a 010-day procedure versus the current 090-day global.

72275	<b>Epidurography, radiological supervision and interpretation</b>	<a href="#"><u>Screen</u></a> Different Performing Specialty from Survey3	<a href="#"><u>RUC Meeting</u></a> January 2020	<a href="#"><u>Specialty Society:</u></a> ASA, AAPM, AAMP, NASS	<a href="#"><u>CPT Meeting</u></a> May 2020
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**Background:** In October 2019, this service was identified on the Different Performing Specialty from Survey screen. In January 2020, the RUC recommended to Refer to CPT May 2020 to revise the descriptor.

## *RUC Referrals to CPT Editorial Panel - Outstanding Issues*

76377	<b>3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; requiring image postprocessing on an independent workstation</b>	<u><a href="#">Screen</a></u> CMS Request - Final Rule for 2020	<u><a href="#">RUC Meeting</a></u> January 2020	<u><a href="#">Specialty Society:</a></u> ACR, ASNR, SIR	<u><a href="#">CPT Meeting</a></u> February 2021
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**Background:** In the Final Rule for the CY 2020 Medicare Physician Fee Schedule, CMS nominated CPT code 76377 3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; requiring image postprocessing on an independent workstation as potentially misvalued. The Agency views CPT code 76377 to be part of the same family as CPT code 76376 3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; not requiring image postprocessing on an independent workstation, which was recently reviewed at the April 2018 RUC meeting. CMS requested that CPT code 76376 also be reviewed to maintain relativity within the code family. The specialty societies disagreed with CMS' rationale for the nomination of CPT code 76377 as potentially misvalued and the specialties do not believe that CPT codes 76376 and 76377 are in the same code family, although the descriptors are similar. The societies noted that the two codes are different because they are utilized on different patient populations (as evidenced by the ICD-10 diagnoses.) They also noted that the technical and professional resources required for 76376 and 76377 are significantly different. For these reasons, the specialty societies recommended, and the RUC agreed to refer CPT codes 76377 and 76376 to the CPT Editorial Panel for further review and potential revision. The specialty societies noted that they will determine the family of services including whether the codes remain a family, based on the recommendations of the CPT Editorial Panel.

76942	<b>Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation</b>	<u><a href="#">Screen</a></u> CMS-Other - Utilization over 500,000 / CMS Request - Final Rule for 2014 / High Volume Growth3	<u><a href="#">RUC Meeting</a></u> April 2014	<u><a href="#">Specialty Society:</a></u> AACE, AAOS, AAPMR, ACR, ACRrh, APMA, ASA, ASBS, ASIPP, AUA, SIR, TES	<u><a href="#">CPT Meeting</a></u> October 2020
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**Background:** During the October 2018 RUC presentation of the Somatic Nerve Injection family of services, the specialty societies stated that codes 64415, 64416, 64417, 64446, 64447, and 64448 were reported with code 76942 Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation more than 50 percent of the time. Specifically, 76 percent with 64415, 85 percent with 64416, 68 percent with 64417, 77 percent with 64446, 77 percent with 64447, and 79 percent with 64448. The societies indicated they would submit a code change application to bundle 76942 into codes 64415, 64416, 64417, 64446, 64447, and 64448 for the 2021 cycle. This overlap was accounted for in the above RUC recommendations for these services. The RUC refers CPT codes 64415, 64416, 64417, 64446, 64447 and 64448 to be bundled with ultrasound guidance, CPT code 76942 to the CPT Editorial Panel for CPT 2021. In September 2019, this issue was postponed until after the CPT Imaging Guidance Workgroup completes its work.

76998	<b>Ultrasonic guidance, intraoperative</b>	<u><a href="#">Screen</a></u> CMS-Other - Utilization over 20,000	<u><a href="#">RUC Meeting</a></u> October 2019	<u><a href="#">Specialty Society:</a></u> STS, AATS, ACS, ASBrS, AUA, AVLS, SCAI, SIR, SVS	<u><a href="#">CPT Meeting</a></u> October 2020
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**Background:** In October 2018, the Workgroup discussed future screens and recommends lowering the threshold and examining the list of CMS/Other source codes with Medicare utilization over 20,000. In October 2019, the RUC refers this issued to CPT Editorial Panel (May 2020) to more accurately differentiate physician work as multiple specialties currently use this code and to clarify correct coding.

80500	<b>Clinical pathology consultation; limited, without review of patient's history and medical records</b>	<u><a href="#">Screen</a></u> CMS-Other - Utilization over 20,000	<u><a href="#">RUC Meeting</a></u> October 2019	<u><a href="#">Specialty Society:</a></u> CAP	<u><a href="#">CPT Meeting</a></u> October 2020
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**Background:** In October 2018, the Workgroup discussed future screens and recommends lowering the threshold and examining the list of CMS/Other source codes with Medicare utilization over 20,000. In October 2019, the RUC referred this issue to CPT to define this service more specifically, currently the descriptor is vague.

## *RUC Referrals to CPT Editorial Panel - Outstanding Issues*

90785	<b>Interactive complexity (List separately in addition to the code for primary procedure)</b>	<u><a href="#">Screen</a></u> CMS High Expenditure Procedural Codes1 / High Volume Growth6	<u><a href="#">RUC Meeting</a></u> January 2020	<u><a href="#">Specialty Society:</a></u> APA, APA (HCPAC), NASW	<u><a href="#">CPT Meeting</a></u> October 2020
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**Background:** In October 2019, the Workgroup identified this service with Medicare utilization of 10,000 or more and has increased by at least 100% from 2013 through 2018e. The Workgroup requests action plans for review at the January 2020 Relativity Assessment Workgroup meeting. In January 2020, the RUC recommended to refer to CPT to modify the parenthetical to reflect all services that may not be reported with code 90785.

92065	<b>Orthoptic and/or pleoptic training, with continuing medical direction and evaluation</b>	<u><a href="#">Screen</a></u> Harvard Valued - Utilization over 30,000- Part4	<u><a href="#">RUC Meeting</a></u> January 2020	<u><a href="#">Specialty Society:</a></u> AAO, AOA (optometry)	<u><a href="#">CPT Meeting</a></u> May 2020
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**Background:** This service was identified in October 2019 as Harvard Valued utilization over 30,000. The Workgroup requested action plans to examine this service. In January 2020, the RUC recommended that this service be referred to CPT May 2020. This service with an "and/or" connector should be two different codes given their different patient populations and techniques used for the treatment. For that reason, this code should go back to CPT for a descriptor edit as well as creation of separate codes.

93656	<b>Comprehensive electrophysiologic evaluation including transseptal catheterizations, insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia including left or right atrial pacing/recording when necessary, right ventricular pacing/recording when necessary, and His bundle recording when necessary with intracardiac catheter ablation of atrial fibrillation by pulmonary vein isolation</b>	<u><a href="#">Screen</a></u> Codes Reported Together 75% or More- Part1 / High Volume Growth6	<u><a href="#">RUC Meeting</a></u> January 2020	<u><a href="#">Specialty Society:</a></u> ACC, HRS	<u><a href="#">CPT Meeting</a></u> October 2020
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**Background:** In October 2019, the Workgroup identified this service with Medicare utilization of 10,000 or more and has increased by at least 100% from 2013 through 2018e. The Workgroup requests action plans for review at the January 2020 Relativity Assessment Workgroup meeting. In January 2020, the RUC recommended to refer to CPT May 2020 for revision and bundle. Technology and clinical practice have changed since these codes were written in 2011. Based on the billed together data for these and related codes, the specialties recommended referral to CPT to update code descriptors and likely bundle services now commonly performed together, such as 3D mapping.

## *RUC Referrals to CPT Editorial Panel - Outstanding Issues*

95943	<b>Simultaneous, independent, quantitative measures of both parasympathetic function and sympathetic function, based on time-frequency analysis of heart rate variability concurrent with time-frequency analysis of continuous respiratory activity, with mean heart rate and blood pressure measures, during rest, paced (deep) breathing, Valsalva maneuvers, and head-up postural change</b>	<u><a href="#">Screen</a></u> Codes Reported Together 75% or More- Part1 / Contractor Priced High Volume	<u><a href="#">RUC Meeting</a></u> January 2020	<u><a href="#">Specialty Society:</a></u> AAN, AANEM	<u><a href="#">CPT Meeting</a></u> October 2020
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**Background:** In January 2018, a RUC member suggested to review high volume contractor priced codes. AMA Staff identified code 95943 as a contractor-priced Category I CPT code that has 2017 estimated Medicare utilization over 10,000. The Workgroup determined that there are various reasons in which these codes have been recommended to be contractor priced and the specialty societies should submit action plans for the October 2018 meeting indicating whether these services should be reviewed for physician work/practice expense by the RUC. In October 2018, the RUC determined that this service is performed by many specialties and the utilization is high enough to survey. Survey for January 2019. In January 2019, a RUC member provided background that when this Category I code was created at the CPT Editorial Panel it was created to differentiate the service from tilt table testing. The device manufacturer brought the code forward for a series of maneuvers that are different than those performed using a tilt table. The RUC member suggested that in the years since the code was created it has proven that it does not meet the criteria for a Category I code. The RUC member explained the service is not widely performed and that 100 internists performing the service is not "frequency consistent with the intended clinical use". The code describes common measures and if the service was consistent with current medical practice the volume would be much higher. The RUC recommends CPT code 95943 be referred to the CPT Editorial Panel for deletion. During the re-run of screens in June 2019, AMA staff noted that 95921 is still being reported by Internal Medicine and Family Practice physicians but was surveyed by Neurology and AANEM. AMA staff noted that CPT code 95943 may or may not be the appropriate code that should be reported instead of 95921 by IM and Family Practice and should not be deleted until the RAW discusses further in October 2019. In January 2020, the RUC confirmed to refer to CPT to delete code 95943.

G0396	<b>Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., audit, dast), and brief intervention 15 to 30 minutes</b>	<u><a href="#">Screen</a></u> CMS-Other - Utilization over 30,000	<u><a href="#">RUC Meeting</a></u> January 2018	<u><a href="#">Specialty Society:</a></u> AAFP, ASA, ASAM	<u><a href="#">CPT Meeting</a></u> October 2020
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**Background:** At the April 2019 RUC meeting under new business, Doctor Smith referred the issues of examining Category III codes with high volume to the Relativity Assessment Workgroup. The Workgroup identified code 0191T. In January 2020, the RUC recommended that the specialty societies develop a coding application for Category I status for the October 2020 CPT meeting.



## *RUC Recommendations to Develop CPT Assistant Articles - Outstanding Issues*

95921	<b>Testing of autonomic nervous system function; cardiovagal innervation (parasympathetic function), including 2 or more of the following: heart rate response to deep breathing with recorded R-R interval, Valsalva ratio, and 30:15 ratio</b>	<u>Screen:</u> Different Performing Specialty from Survey / Codes Reported Together 75% or More-Part1 / Different Performing Specialty from Survey <sup>3</sup>	<u>RUC Meeting:</u> January 2020	<u>RUC Rec:</u> Refer to CPT Assistant. 0.90	<u>Specialty Society:</u> AAFP, AAN, AANEM, ACNS, ACP	<u>CPT Asst Status:</u> Sep 2020
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**Background:** In February 2008, this service was identified via the High Volume Growth screen. The RUC recommended that a CPT Assistant be published on correct coding; and review in two years (April 2010). In April 2010, the RUC recommended that the specialties submit a code change proposal to create two codes that bundle 95925 with 95926 and 95928 with 95929 when the services are performed on the same date. For code pair 95921/95922, the RUC acknowledged that the rationale for increased utilization remains unclear. Thus, the dominant specialties for these two codes (Family Medicine and Internal Medicine) are requested to provide the following information regarding 95921 and 95922: A. What are the clinically appropriate scenarios for reporting each service? B. What is the description of the service? C. What are the clinically appropriate scenarios when these services are reported on the same date? In December 2008, a CPT Assistant article was published to correct inappropriate reporting by clarifying that a tilt table is required in the provision of the service. However, Medicare claims data indicate that the attempted coding education was not effective. The RUC recommended referral to CPT to revise the descriptor to include the use of a tilt table and refer those who do not use a tilt table in autonomic testing to use an unlisted code. In January 2020, the RUC recommended to refer codes 95921-95924 to CPT Assistant in 2020 to clarify correct coding on how to report these services. RAW to review the specialty mix again in 3 years of those reporting the services (October 2023).

95922	<b>Testing of autonomic nervous system function; vasomotor adrenergic innervation (sympathetic adrenergic function), including beat-to-beat blood pressure and R-R interval changes during Valsalva maneuver and at least 5 minutes of passive tilt</b>	<u>Screen:</u> High Volume Growth1 / CMS Fastest Growing / Different Performing Specialty from Survey / Codes Reported Together 75% or More-Part1	<u>RUC Meeting:</u> January 2020	<u>RUC Rec:</u> Refer to CPT Assistant. 0.96	<u>Specialty Society:</u> AAFP, AAN, AANEM, ACNS, ACP	<u>CPT Asst Status:</u> Dec 2008; Sep 2020
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**Background:** In February 2008, this service was identified via the High Volume Growth screen. The RUC recommended that a CPT Assistant be published on correct coding; and review in two years (April 2010). In April 2010, the RUC recommended that the specialties submit a code change proposal to create two codes that bundle 95925 with 95926 and 95928 with 95929 when the services are performed on the same date. For code pair 95921/95922, the RUC acknowledged that the rationale for increased utilization remains unclear. Thus, the dominant specialties for these two codes (Family Medicine and Internal Medicine) are requested to provide the following information regarding 95921 and 95922: A. What are the clinically appropriate scenarios for reporting each service? B. What is the description of the service? C. What are the clinically appropriate scenarios when these services are reported on the same date? In December 2008, a CPT Assistant article was published to correct inappropriate reporting by clarifying that a tilt table is required in the provision of the service. However, Medicare claims data indicate that the attempted coding education was not effective. The RUC recommended referral to CPT to revise the descriptor to include the use of a tilt table and refer those who do not use a tilt table in autonomic testing to use an unlisted code. In January 2020, the RUC recommended to refer codes 95921-95924 to CPT Assistant in 2020 to clarify correct coding on how to report these services. RAW to review the specialty mix again in 3 years of those reporting the services (October 2023).

95923	<b>Testing of autonomic nervous system function; sudomotor, including 1 or more of the following: quantitative sudomotor axon reflex test (QSART), silastic sweat imprint, thermoregulatory sweat test, and changes in sympathetic skin potential</b>	<u>Screen:</u> Codes Reported Together 75% or More-Part1 / High Volume Growth <sup>6</sup>	<u>RUC Meeting:</u> January 2020	<u>RUC Rec:</u> Refer to CPT Assistant. 0.90	<u>Specialty Society:</u> AAFP, AAN, AANEM, ACNS, ACP	<u>CPT Asst Status:</u> Sep 2020
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**Background:** In October 2019, the Workgroup identified this service with Medicare utilization of 10,000 or more and has increased by at least 100% from 2013 through 2018e. The Workgroup requests action plans for review at the January 2020 Relativity Assessment Workgroup meeting. In January 2020, the RUC recommended to refer codes 95921-95924 to CPT Assistant in 2020 to clarify correct coding on how to report these services. RAW to review the specialty mix again in 3 years of those reporting the services (October 2023).



## ***RUC Recommendations to Develop CPT Assistant Articles - Outstanding Issues***

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95924	<b>Testing of autonomic nervous system function; combined parasympathetic and sympathetic adrenergic function testing with at least 5 minutes of passive tilt</b>	<u><b>Screen:</b></u> Codes Reported Together 75% or More-Part1	<u><b>RUC Meeting:</b></u> January 2020	<u><b>RUC Rec:</b></u> Refer to CPT Assistant. 1.73	<u><b>Specialty Society:</b></u> AAFP, AAN, AANEM, ACNS, ACP	<u><b>CPT Asst Status:</b></u> Sep 2020
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**Background:** CPT Feb 2012 established 2 new codes with instructional guidelines to report autonomic function testing. The RUC determined that the survey results for 95924 was too low (26 responses). There was also confusion about what is described in 95924 which may have resulted in invalid physician time for this service. The RUC recommended an interim value for 95924. In January 2020, the RUC recommended to refer codes 95921-95924 to CPT Assistant in 2020 to clarify correct coding on how to report these services. RAW to review the specialty mix again in 3 years of those reporting the services (October 2023).

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Physician Time from RUC Meeting:  
April 2020 (CPT 2022)

CPT Code	Pre-Service Evaluation	Pre-Service Positioning	Pre-Service Scrub Dress & Wait	Intra- Service	Immediate Post Service	99211	99212	99213	99214	99215	99231	99232	99233	99238	99239	99291	99292	Total Time
93621	0	0	0	20	0	0	0	0	0	0	0	0	0	0	0	0	0	20

Detailed Description of Pre-Service Time Packages (Minutes)

		FACILITY				NON-FAC	
		1	2	3	4	5**	6
	Total Pre-Service Time	20	25	51	63	8	23

CATEGORY SUBTOTALS

A	Pre-Service Evaluation (IWPUT =0.0224)	13	18	33	40	7	17
B	Pre-Service Positioning (IWPUT = 0.0224)	1	1	3	3	0	1
C	Pre-Service Scrub, Dress and Wait (IWPUT =0.0081)	6	6	15	20	1	5

DETAILS

A	History and Exam (Performance and review of appropriate Pre-Tests)	5	10	10	15	4	9
A	Prepare for Procedure (Check labs, plan, assess risks, review procedure)	2	2	2	4	1	1
A	Communicate with patient and/or family (Discuss procedure/ obtain consent)	3	3	5	5	2	3
A	Communicate with other professionals	0	0	5	5	0	2
A	Check/set-up room, supplies and equipment	1	1	5	5	0	1
A	Check/ prepare patient readiness (Gown, drape, prep, mark)	1	1	5	5	0	1
A	Prepare/ review/ confirm procedure	1	1	1	1	0	0
B	Perform/ supervise patient positioning	1	1	3	3	0	1
C	Administer local/topical anesthesia	1	1	0	0	1	5
C	Observe (wait anesthesia care)	0	0	10	15	0	0
C	Dress and scrub for procedure	5	5	5	5	0	0

\*\*If the procedure does not require local anesthesia, 1 minute should be removed from pre-service time

- 1    Straightforward Patient/Straightforward Procedure (No anesthesia care)
- 2    Difficult Patient/Straightforward Procedure (No anesthesia care)
- 3    Straightforward Patient/Difficult Procedure
- 4    Difficult Patient/Difficult Procedure
- 5    Procedure with minimal anesthesia care (If no anesthesia care deduct 1 minute)
- 6    Procedure with local/topical anesthesia care requiring wait time for anesthesia to take effect

Additional Positioning Times for Spinal Surgical Procedures

SS1	Anterior Neck Surgery (Supine) (eg ACDF)	15 Minutes
SS2	Posterior Neck Surgery (Prone) (eg laminectomy)	25 Minutes
SS3	Posterior Thoracic/Lumbar (Prone) (eg laminectomy)	15 Minutes
SS4	Lateral Thoracic/Lumbar (Lateral) (eg corpectomy)	25 Minutes
SS5	Anterior Lumbar (Supine) (eg ALIF)	15 Minutes

Additional Positioning Times for Spinal Injection Procedures

SI1	Anterior Neck Injection (Supine) (eg discogram)	7 Minutes
SI2	Posterior Neck Injection (Prone) (eg facet)	5 Minutes
SI3	Posterior Thoracic/Lumbar (Prone) (eg epidural)	5 Minutes
SI4	Lateral Thoracic/Lumbar (Lateral) (eg discogram)	7 Minutes

Additional Positioning Times for Urological Procedures

U1	Dorsal Lithotomy	5 Minutes
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Notes:

- Roll-over cells for additional detail where available
- Straightforward procedure: Integumentary, Non-incisional endoscopy, natural orifice

Detailed Description of Facility Based Post-Service Time Packages (Minutes)						
	7A Local Anesthesia/ Straightforward Procedure	7B Local Anesthesia/ Complex Procedure	8A IV Sedation/ Straightforward Procedure	8B IV Sedation/ Complex Procedure	9A General Anesthesia or Complex Regional Block/ Straightforward Procedure	9B General Anesthesia or Complex Regional Block/Complex Procedure
<b>Total Post-Service Time</b>	<b>18</b>	<b>21</b>	<b>25</b>	<b>28</b>	<b>30</b>	<b>33</b>
<b>Details:</b>						
Application of Dressing <sup>1</sup>	2	2	2	2	2	2
Transfer of supine patient off table	1	1	1	1	1	1
Operative Note	5	5	5	5	5	5
Monitor patient recovery/stabilization	1	1	5	5	10	10
Communication with patient and/or family	5	5	5	5	5	5
Written post-operative note	2	5	2	5	2	5
Post-Operative Orders and Order Entry	2	2	5	5	5	5

Advisors may request additional time for circumstances that require additional work beyond the type of work described

<sup>1</sup> This represents a simple dressing

CPT	RUC Recommended PLI Crosswalk
93621	93621

<b>CPT</b>	<b>BETOS Class</b>	<b>BETOS Subclass</b>	<b>BETOS Subclass2</b>
93621	Procedures	Major procedure	Cardiovascular-Other

CPT Source	Deleted	Source 2019e Utilization	New/ Revised Code	New/Revised Code Utilization (reference 2019e)	Percent	Source RVU	RUC Rec RVU	RUC Tab	New/ Revised Total RVUs	Total Source RVUs
93621		29,892	93621	29,892	1.000	2.10	1.44	09 Electrophysiologic Evaluation	43,044	62,773

43,044 62,773

Total Source RVUs	62,773
Total New/Revised RVUs	43,044
RVU Difference	19,729
CF	36.0896
CF Redistribution	\$ 712,002

## *New Technology/New Services List*

<i>CPT Code</i>	<i>Long Descriptor</i>	<i>RUC Meeting</i>	<i>Issue</i>	<i>Tab</i>	<i>CPT Year</i>	<i>Date to Re-Review</i>	<i>RUC Rec</i>	<i>Complete</i>
10011	Fine needle aspiration biopsy, including MR guidance; first lesion	Jan 2018	Fine Needle Aspiration	04	CPT 2019	October 2022		<input type="checkbox"/>
10012	Fine needle aspiration biopsy, including MR guidance; each additional lesion (List separately in addition to code for primary procedure)	Jan 2018	Fine Needle Aspiration	04	CPT 2019	October 2022		<input type="checkbox"/>
14302	Adjacent tissue transfer or rearrangement, any area; each additional 30.0 sq cm, or part thereof (List separately in addition to code for primary procedure)	Apr 2009	Adjacent Tissue Transfer	4	CPT 2010	October 2015	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
15271	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
15272	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure)	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
15273	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
15274	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>



<i><b>CPT Code</b></i>	<i><b>Long Descriptor</b></i>	<i><b>RUC Meeting</b></i>	<i><b>Issue</b></i>	<i><b>Tab</b></i>	<i><b>CPT Year</b></i>	<i><b>Date to Re-Review</b></i>	<i><b>RUC Rec</b></i>	<i><b>Complete</b></i>
15275	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
15276	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure)	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
15277	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
15278	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
15769	Grafting of autologous soft tissue, other, harvested by direct excision (eg, fat, dermis, fascia)	Oct 2018	Tissue Grafting Procedures	04	CPT 2020	October 2023		<input type="checkbox"/>
15771	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; 50 cc or less injectate	Oct 2018	Tissue Grafting Procedures	04	CPT 2020	October 2023		<input type="checkbox"/>

<i><b>CPT Code</b></i>	<i><b>Long Descriptor</b></i>	<i><b>RUC Meeting</b></i>	<i><b>Issue</b></i>	<i><b>Tab</b></i>	<i><b>CPT Year</b></i>	<i><b>Date to Re-Review</b></i>	<i><b>RUC Rec</b></i>	<i><b>Complete</b></i>
15772	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; each additional 50 cc injectate, or part thereof (List separately in addition to code for primary procedure)	Oct 2018	Tissue Grafting Procedures	04	CPT 2020	October 2023		<input type="checkbox"/>
15773	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; 25 cc or less injectate	Oct 2018	Tissue Grafting Procedures	04	CPT 2020	October 2023		<input type="checkbox"/>
15774	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; each additional 25 cc injectate, or part thereof (List separately in addition to code for primary procedure)	Oct 2018	Tissue Grafting Procedures	04	CPT 2020	October 2023		<input type="checkbox"/>
15777	Implantation of biologic implant (eg, acellular dermal matrix) for soft tissue reinforcement (ie, breast, trunk) (List separately in addition to code for primary procedure)	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
17106	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); less than 10 sq cm	Oct 2008	Destruction of Skin Lesions	11	CPT 2009	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
17107	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); 10.0 to 50.0 sq cm	Oct 2008	Destruction of Skin Lesions	11	CPT 2009	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
17108	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); over 50.0 sq cm	Oct 2008	Destruction of Skin Lesions	11	CPT 2009	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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19105	Ablation, cryosurgical, of fibroadenoma, including ultrasound guidance, each fibroadenoma	Apr 2006	Fibroadenoma Cryoablation	11	CPT 2007	September 2011	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
19294	Preparation of tumor cavity, with placement of a radiation therapy applicator for intraoperative radiation therapy (IORT) concurrent with partial mastectomy (List separately in addition to code for primary procedure)	Oct 2016	Intraoperative Radiation Therapy Applicator Procedures	07	CPT 2018	October 2021		<input type="checkbox"/>
20560	Needle insertion(s) without injection(s); 1 or 2 muscle(s)	Jan 2019	Trigger Point Dry Needling	41	CPT 2020	October 2023		<input type="checkbox"/>
20561	Needle insertion(s) without injection(s); 3 or more muscles	Jan 2019	Trigger Point Dry Needling	41	CPT 2020	October 2023		<input type="checkbox"/>
20696	Application of multiplane (pins or wires in more than 1 plane), unilateral, external fixation with stereotactic computer-assisted adjustment (eg, spatial frame), including imaging; initial and subsequent alignment(s), assessment(s), and computation(s) of adjustment schedule(s)	Apr 2008	Computer Dependent External Fixation	6	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
20697	Application of multiplane (pins or wires in more than 1 plane), unilateral, external fixation with stereotactic computer-assisted adjustment (eg, spatial frame), including imaging; exchange (ie, removal and replacement) of strut, each	Apr 2008	Computer Dependent External Fixation	6	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
20700	Manual preparation and insertion of drug-delivery device(s), deep (eg, subfascial) (List separately in addition to code for primary procedure)	Oct 2018	Drug Delivery Implant Procedures	05	CPT 2020	October 2023		<input type="checkbox"/>
20701	Removal of drug-delivery device(s), deep (eg, subfascial) (List separately in addition to code for primary procedure)	Oct 2018	Drug Delivery Implant Procedures	05	CPT 2020	October 2023		<input type="checkbox"/>
20702	Manual preparation and insertion of drug-delivery device(s), intramedullary (List separately in addition to code for primary procedure)	Oct 2018	Drug Delivery Implant Procedures	05	CPT 2020	October 2023		<input type="checkbox"/>

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20703	Removal of drug-delivery device(s), intramedullary (List separately in addition to code for primary procedure)	Oct 2018	Drug Delivery Implant Procedures	05	CPT 2020	October 2023		<input type="checkbox"/>
20704	Manual preparation and insertion of drug-delivery device(s), intra-articular (List separately in addition to code for primary procedure)	Oct 2018	Drug Delivery Implant Procedures	05	CPT 2020	October 2023		<input type="checkbox"/>
20705	Removal of drug-delivery device(s), intra-articular (List separately in addition to code for primary procedure)	Oct 2018	Drug Delivery Implant Procedures	05	CPT 2020	October 2023		<input type="checkbox"/>
20983	Ablation therapy for reduction or eradication of 1 or more bone tumors (eg, metastasis) including adjacent soft tissue when involved by tumor extension, percutaneous, including imaging guidance when performed; cryoablation	Apr 2014	Cryoablation Treatment of the Bone Tumors	04	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
20985	Computer-assisted surgical navigational procedure for musculoskeletal procedures, image-less (List separately in addition to code for primary procedure)	Apr 2007	Computer Navigation	7	CPT 2008	September 2011	Resurvey for January 2012	<input checked="" type="checkbox"/>
20986	Code Deleted CPT 2009	Apr 2007	Computer Navigation	7	CPT 2008	September 2011	Code Deleted CPT 2009	<input checked="" type="checkbox"/>
20987	Code Deleted CPT 2009	Apr 2007	Computer Navigation	7	CPT 2008	September 2011	Code Deleted CPT 2009	<input checked="" type="checkbox"/>
21011	Excision, tumor, soft tissue of face or scalp, subcutaneous; less than 2 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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21012	Excision, tumor, soft tissue of face or scalp, subcutaneous; 2 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
21013	Excision, tumor, soft tissue of face and scalp, subfascial (eg, subgaleal, intramuscular); less than 2 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
21014	Excision, tumor, soft tissue of face and scalp, subfascial (eg, subgaleal, intramuscular); 2 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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21015	Radical resection of tumor (eg, sarcoma), soft tissue of face or scalp; less than 2 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
21016	Radical resection of tumor (eg, sarcoma), soft tissue of face or scalp; 2 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
21552	Excision, tumor, soft tissue of neck or anterior thorax, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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21554	Excision, tumor, soft tissue of neck or anterior thorax, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.		<input checked="" type="checkbox"/>
21555	Excision, tumor, soft tissue of neck or anterior thorax, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.		<input checked="" type="checkbox"/>
21556	Excision, tumor, soft tissue of neck or anterior thorax, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.		<input checked="" type="checkbox"/>

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21557	Radical resection of tumor (eg, sarcoma), soft tissue of neck or anterior thorax; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
21558	Radical resection of tumor (eg, sarcoma), soft tissue of neck or anterior thorax; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
21811	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 1-3 ribs	Apr 2014	Internal Fixation of Rib Fracture	05	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
21812	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 4-6 ribs	Apr 2014	Internal Fixation of Rib Fracture	05	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>



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21813	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 7 or more ribs	Apr 2014	Internal Fixation of Rib Fracture	05	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
21930	Excision, tumor, soft tissue of back or flank, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
21931	Excision, tumor, soft tissue of back or flank, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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21932	Excision, tumor, soft tissue of back or flank, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
21933	Excision, tumor, soft tissue of back or flank, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
21935	Radical resection of tumor (eg, sarcoma), soft tissue of back or flank; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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21936	Radical resection of tumor (eg, sarcoma), soft tissue of back or flank; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
22526	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; single level	Apr 2006	Percutaneous Intradiscal Annuloplast	13	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
22527	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; 1 or more additional levels (List separately in addition to code for primary procedure)	Apr 2006	Percutaneous Intradiscal Annuloplast	13	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
22856	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophyctomy for nerve root or spinal cord decompression and microdissection); single interspace, cervical	Apr 2008	Cervical Arthroplasty	7	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	☑
22857	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), single interspace, lumbar	Feb 2006	Lumbar Arthroplasty	8	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
22858	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophyctomy for nerve root or spinal cord decompression and microdissection); second level, cervical (List separately in addition to code for primary procedure)	Apr 2014	Total Disc Arthroplasty Additional Cervical Level Add-On Code	07	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑

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22861	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	Apr 2008	Cervical Arthroplasty	7	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
22862	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	Feb 2006	Lumbar Arthroplasty	8	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
22864	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	Apr 2008	Cervical Arthroplasty	7	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
22865	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	Feb 2006	Lumbar Arthroplasty	8	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
22867	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level	Jan 2016	Insertion of Spinal Stability Distractive Device	05	CPT 2017	October 2020		<input type="checkbox"/>
22868	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; second level (List separately in addition to code for primary procedure)	Jan 2016	Insertion of Spinal Stability Distractive Device	05	CPT 2017	October 2020		<input type="checkbox"/>
22869	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single level	Jan 2016	Insertion of Spinal Stability Distractive Device	05	CPT 2017	October 2020		<input type="checkbox"/>
22870	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; second level (List separately in addition to code for primary procedure)	Jan 2016	Insertion of Spinal Stability Distractive Device	05	CPT 2017	October 2020		<input type="checkbox"/>

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22900	Excision, tumor, soft tissue of abdominal wall, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
22901	Excision, tumor, soft tissue of abdominal wall, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
22902	Excision, tumor, soft tissue of abdominal wall, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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22903	Excision, tumor, soft tissue of abdominal wall, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.		<input checked="" type="checkbox"/>
22904	Radical resection of tumor (eg, sarcoma), soft tissue of abdominal wall; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.		<input checked="" type="checkbox"/>
22905	Radical resection of tumor (eg, sarcoma), soft tissue of abdominal wall; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.		<input checked="" type="checkbox"/>

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23071	Excision, tumor, soft tissue of shoulder area, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.		<input checked="" type="checkbox"/>
23073	Excision, tumor, soft tissue of shoulder area, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.		<input checked="" type="checkbox"/>
23075	Excision, tumor, soft tissue of shoulder area, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.		<input checked="" type="checkbox"/>

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23076	Excision, tumor, soft tissue of shoulder area, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
23077	Radical resection of tumor (eg, sarcoma), soft tissue of shoulder area; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
23078	Radical resection of tumor (eg, sarcoma), soft tissue of shoulder area; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>



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23200	Radical resection of tumor; clavicle	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
23210	Radical resection of tumor; scapula	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
23220	Radical resection of tumor, proximal humerus	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
24073	Excision, tumor, soft tissue of upper arm or elbow area, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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24075	Excision, tumor, soft tissue of upper arm or elbow area, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
24076	Excision, tumor, soft tissue of upper arm or elbow area, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
24077	Radical resection of tumor (eg, sarcoma), soft tissue of upper arm or elbow area; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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24079	Radical resection of tumor (eg, sarcoma), soft tissue of upper arm or elbow area; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.		<input checked="" type="checkbox"/>
24150	Radical resection of tumor, shaft or distal humerus	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.		<input checked="" type="checkbox"/>
24152	Radical resection of tumor, radial head or neck	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.		<input checked="" type="checkbox"/>
25071	Excision, tumor, soft tissue of forearm and/or wrist area, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.		<input checked="" type="checkbox"/>

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25073	Excision, tumor, soft tissue of forearm and/or wrist area, subfascial (eg, intramuscular); 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.		<input checked="" type="checkbox"/>
25075	Excision, tumor, soft tissue of forearm and/or wrist area, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.		<input checked="" type="checkbox"/>
25076	Excision, tumor, soft tissue of forearm and/or wrist area, subfascial (eg, intramuscular); less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.		<input checked="" type="checkbox"/>

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25077	Radical resection of tumor (eg, sarcoma), soft tissue of forearm and/or wrist area; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
25078	Radical resection of tumor (eg, sarcoma), soft tissue of forearm and/or wrist area; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
25170	Radical resection of tumor, radius or ulna	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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26111	Excision, tumor or vascular malformation, soft tissue of hand or finger, subcutaneous; 1.5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.		<input checked="" type="checkbox"/>
26113	Excision, tumor, soft tissue, or vascular malformation, of hand or finger, subfascial (eg, intramuscular); 1.5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.		<input checked="" type="checkbox"/>
26115	Excision, tumor or vascular malformation, soft tissue of hand or finger, subcutaneous; less than 1.5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.		<input checked="" type="checkbox"/>

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26116	Excision, tumor, soft tissue, or vascular malformation, of hand or finger, subfascial (eg, intramuscular); less than 1.5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
26117	Radical resection of tumor (eg, sarcoma), soft tissue of hand or finger; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
26118	Radical resection of tumor (eg, sarcoma), soft tissue of hand or finger; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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26250	Radical resection of tumor, metacarpal	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
26260	Radical resection of tumor, proximal or middle phalanx of finger	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
26262	Radical resection of tumor, distal phalanx of finger	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
27043	Excision, tumor, soft tissue of pelvis and hip area, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>



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27045	Excision, tumor, soft tissue of pelvis and hip area, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
27047	Excision, tumor, soft tissue of pelvis and hip area, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
27048	Excision, tumor, soft tissue of pelvis and hip area, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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27049	Radical resection of tumor (eg, sarcoma), soft tissue of pelvis and hip area; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.		<input checked="" type="checkbox"/>
27059	Radical resection of tumor (eg, sarcoma), soft tissue of pelvis and hip area; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.		<input checked="" type="checkbox"/>
27075	Radical resection of tumor; wing of ilium, 1 pubic or ischial ramus or symphysis pubis	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.		<input checked="" type="checkbox"/>
27076	Radical resection of tumor; ilium, including acetabulum, both pubic rami, or ischium and acetabulum	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.		<input checked="" type="checkbox"/>

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27077	Radical resection of tumor; innominate bone, total	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
27078	Radical resection of tumor; ischial tuberosity and greater trochanter of femur	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
27279	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device	Apr 2014	Sacroiliac Joint Fusion	08	CPT 2015	October 2018	Surveyed in April 2018 for a CMS Request in the Final Rule for 2018	<input checked="" type="checkbox"/>
27280	Arthrodesis, open, sacroiliac joint, including obtaining bone graft, including instrumentation, when performed	Sep 2014	Sacroiliac Joint Fusion	06	CPT 2016	October 2019	Remove from list, was only identified with 27279 and that code has been resurveyed April 2018.	<input checked="" type="checkbox"/>
27327	Excision, tumor, soft tissue of thigh or knee area, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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27328	Excision, tumor, soft tissue of thigh or knee area, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
27329	Radical resection of tumor (eg, sarcoma), soft tissue of thigh or knee area; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
27337	Excision, tumor, soft tissue of thigh or knee area, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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27339	Excision, tumor, soft tissue of thigh or knee area, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
27364	Radical resection of tumor (eg, sarcoma), soft tissue of thigh or knee area; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
27365	Radical resection of tumor, femur or knee	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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27615	Radical resection of tumor (eg, sarcoma), soft tissue of leg or ankle area; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
27616	Radical resection of tumor (eg, sarcoma), soft tissue of leg or ankle area; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
27618	Excision, tumor, soft tissue of leg or ankle area, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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27619	Excision, tumor, soft tissue of leg or ankle area, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
27632	Excision, tumor, soft tissue of leg or ankle area, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
27634	Excision, tumor, soft tissue of leg or ankle area, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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27645	Radical resection of tumor; tibia	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
27646	Radical resection of tumor; fibula	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
27647	Radical resection of tumor; talus or calcaneus	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
28039	Excision, tumor, soft tissue of foot or toe, subcutaneous; 1.5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>



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28041	Excision, tumor, soft tissue of foot or toe, subfascial (eg, intramuscular); 1.5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
28043	Excision, tumor, soft tissue of foot or toe, subcutaneous; less than 1.5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
28045	Excision, tumor, soft tissue of foot or toe, subfascial (eg, intramuscular); less than 1.5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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28046	Radical resection of tumor (eg, sarcoma), soft tissue of foot or toe; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
28047	Radical resection of tumor (eg, sarcoma), soft tissue of foot or toe; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
28171	Radical resection of tumor; tarsal (except talus or calcaneus)	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
28173	Radical resection of tumor; metatarsal	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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28175	Radical resection of tumor; phalanx of toe	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
29582	Code Deleted CPT 2018	Oct 2010	Multi-Layer Compression System-HCPAC	74	CPT 2012	October 2018	Specialty societies develop a CPT Assistant article to specify which bandage application should be reported based on what is being treated and review in 3 years (2018). Code Deleted for CPT 2018.	<input checked="" type="checkbox"/>
29583	Code Deleted CPT 2018	Oct 2010	Multi-Layer Compression System-HCPAC	74	CPT 2012	October 2018	Specialty societies develop a CPT Assistant article to specify which bandage application should be reported based on what is being treated and review in 3 years (2018). Code Deleted for CPT 2018.	<input checked="" type="checkbox"/>
29584	Application of multi-layer compression system; upper arm, forearm, hand, and fingers	Oct 2010	Multi-Layer Compression System-HCPAC	74	CPT 2012	October 2021	Specialty societies develop a CPT Assistant article to specify which bandage application should be reported based on what is being treated and review in 3 years (2018). In October 2018, RUC recommended to review again after 3 more years of data (2021).	<input type="checkbox"/>

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29828	Arthroscopy, shoulder, surgical; biceps tenodesis	Apr 2007	Arthroscopic Biceps Tenodesis	17	CPT 2008	September 2011	Resurvey for January 2012	☑
29914	Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)	Apr 2010	Hip Arthroscopy	5	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
29915	Arthroscopy, hip, surgical; with acetabuloplasty (ie, treatment of pincer lesion)	Apr 2010	Hip Arthroscopy	5	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
29916	Arthroscopy, hip, surgical; with labral repair	Apr 2010	Hip Arthroscopy	5	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
31295	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); maxillary sinus ostium, transnasal or via canine fossa	Feb 2010	Nasal Sinus Endoscopy with Ballooon Dilation	6	CPT 2011	October 2016	Surveying for January 2017 as part of bundling	☑
31296	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); frontal sinus ostium	Feb 2010	Nasal Sinus Endoscopy with Ballooon Dilation	6	CPT 2011	October 2016	Surveying for January 2017 as part of bundling	☑
31297	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); sphenoid sinus ostium	Feb 2010	Nasal Sinus Endoscopy with Ballooon Dilation	6	CPT 2011	October 2016	Surveying for January 2017 as part of bundling	☑
31626	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of fiducial markers, single or multiple	Apr 2009	Fiducial Marker Placement	6	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

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31627	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with computer-assisted, image-guided navigation (List separately in addition to code for primary procedure[s])	Feb 2009	Navigational Bronchoscopy	9	CPT 2010	October 2016	Review practice expense January 2014. Review data again in 3 years (Sept 2016).	<input checked="" type="checkbox"/>
31634	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, with assessment of air leak, with administration of occlusive substance (eg, fibrin glue), if performed	Feb 2010	Bronchoscopy with Balloon Occlusion	7	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	<input checked="" type="checkbox"/>
31647	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, when performed, assessment of air leak, airway sizing, and insertion of bronchial valve(s), initial lobe	Apr 2012	Bronchial Valve Procedures	09	CPT 2013	October 2016	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
31648	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of bronchial valve(s), initial lobe	Apr 2012	Bronchial Valve Procedures	09	CPT 2013	October 2016	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
31649	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of bronchial valve(s), each additional lobe (List separately in addition to code for primary procedure)	Apr 2012	Bronchial Valve Procedures	09	CPT 2013	October 2016	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
31651	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, when performed, assessment of air leak, airway sizing, and insertion of bronchial valve(s), each additional lobe (List separately in addition to code for primary procedure[s])	Apr 2012	Bronchial Valve Procedures	09	CPT 2013	October 2016	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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31652	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), one or two mediastinal and/or hilar lymph node stations or structures	Jan 2015	Endobronchial Ultrasound (EBUS)	05	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
31653	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), 3 or more mediastinal and/or hilar lymph node stations or structures	Jan 2015	Endobronchial Ultrasound (EBUS)	05	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
31654	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transendoscopic endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s) for peripheral lesion(s) (List separately in addition to code for primary procedure[s])	Jan 2015	Endobronchial Ultrasound (EBUS)	05	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
32553	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-thoracic, single or multiple	Apr 2009	Fiducial Marker Placement	6	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
32701	Thoracic target(s) delineation for stereotactic body radiation therapy (SRS/SBRT), (photon or particle beam), entire course of treatment	Jan 2012	Stereotactic Body Radiation	07	CPT 2013	October 2016	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
32994	Ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, including imaging guidance when performed, unilateral; cryoablation	Jan 2017	Cryoablation of Pulmonary Tumors	08	CPT 2018	October 2021		<input type="checkbox"/>

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32998	Ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, including imaging guidance when performed, unilateral; radiofrequency	Apr 2006	Percutaneous RF Pulmonary Tumor Ablation	15	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
33254	Operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure)	Apr 2006	Atrial Tissue Ablation and Reconstruction	17	CPT 2007	September 2011	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
33255	Operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure); without cardiopulmonary bypass	Apr 2006	Atrial Tissue Ablation and Reconstruction	17	CPT 2007	September 2011	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
33256	Operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure); with cardiopulmonary bypass	Apr 2006	Atrial Tissue Ablation and Reconstruction	17	CPT 2007	September 2011	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
33257	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), limited (eg, modified maze procedure) (List separately in addition to code for primary procedure)	Apr 2007	Add-on Maze Procedures	23	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
33258	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), extensive (eg, maze procedure), without cardiopulmonary bypass (List separately in addition to code for primary procedure)	Apr 2007	Add-on Maze Procedures	23	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
33259	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), extensive (eg, maze procedure), with cardiopulmonary bypass (List separately in addition to code for primary procedure)	Apr 2007	Add-on Maze Procedures	23	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
33265	Endoscopy, surgical; operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure), without cardiopulmonary bypass	Apr 2006	Atrial Tissue Ablation and Reconstruction	17	CPT 2007	September 2011	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>

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33266	Endoscopy, surgical; operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure), without cardiopulmonary bypass	Apr 2006	Atrial Tissue Ablation and Reconstruction	17	CPT 2007	September 2011	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
33270	Insertion or replacement of permanent subcutaneous implantable defibrillator system, with subcutaneous electrode, including defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters, when performed	Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	October 2021	In October 2018, RUC recommended to review again after 3 more years of data (2021).	<input type="checkbox"/>
33271	Insertion of subcutaneous implantable defibrillator electrode	Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	October 2021	In October 2018, RUC recommended to review again after 3 more years of data (2021).	<input type="checkbox"/>
33272	Removal of subcutaneous implantable defibrillator electrode	Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	October 2021	In October 2018, RUC recommended to review again after 3 more years of data (2021).	<input type="checkbox"/>
33273	Repositioning of previously implanted subcutaneous implantable defibrillator electrode	Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	October 2021	In October 2018, RUC recommended to review again after 3 more years of data (2021).	<input type="checkbox"/>
33274	Transcatheter insertion or replacement of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed	Jan 2018	Leadless Pacemaker Procedures	07	CPT 2019	October 2022		<input type="checkbox"/>



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33275	Transcatheter removal of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, femoral venography), when performed	Jan 2018	Leadless Pacemaker Procedures	07	CPT 2019	October 2022		<input type="checkbox"/>
33285	Insertion, subcutaneous cardiac rhythm monitor, including programming	Apr 2017	Cardiac Event Recorder Procedures	07	CPT 2019	October 2022		<input type="checkbox"/>
33286	Removal, subcutaneous cardiac rhythm monitor	Apr 2017	Cardiac Event Recorder Procedures	07	CPT 2019	October 2022		<input type="checkbox"/>
33289	Transcatheter implantation of wireless pulmonary artery pressure sensor for long-term hemodynamic monitoring, including deployment and calibration of the sensor, right heart catheterization, selective pulmonary catheterization, radiological supervision and interpretation, and pulmonary artery angiography, when performed	Jan 2018	Pulmonary Wireless Pressure Sensor Services	08	CPT 2019	October 2022		<input type="checkbox"/>
33340	Percutaneous transcatheter closure of the left atrial appendage with endocardial implant, including fluoroscopy, transseptal puncture, catheter placement(s), left atrial angiography, left atrial appendage angiography, when performed, and radiological supervision and interpretation	Jan 2016	Closure Left Atrial Appendage with Endocardial Implant	10	CPT 2017	October 2020		<input type="checkbox"/>
33361	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; percutaneous femoral artery approach	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	October 2023	Surveyed again in April 2018 and the RUC indicated that CPT codes 33361, 33362, 33363, 33364, 33365 and 33366 will remain on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions.	<input type="checkbox"/>

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33362	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open femoral artery approach	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	October 2023	Surveyed again in April 2018 and the RUC indicated that CPT codes 33361, 33362, 33363, 33364, 33365 and 33366 will remain on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions.	<input type="checkbox"/>
33363	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open axillary artery approach	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	October 2023	Surveyed again in April 2018 and the RUC indicated that CPT codes 33361, 33362, 33363, 33364, 33365 and 33366 will remain on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions.	<input type="checkbox"/>
33364	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open iliac artery approach	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	October 2023	Surveyed again in April 2018 and the RUC indicated that CPT codes 33361, 33362, 33363, 33364, 33365 and 33366 will remain on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions.	<input type="checkbox"/>

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33365	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transaortic approach (eg, median sternotomy, mediastinotomy)	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	October 2023	Surveyed again in April 2018 and the RUC indicated that CPT codes 33361, 33362, 33363, 33364, 33365 and 33366 will remain on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions.	<input type="checkbox"/>
33366	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transapical exposure (eg, left thoracotomy)	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	October 2023	Surveyed again in April 2018 and the RUC indicated that CPT codes 33361, 33362, 33363, 33364, 33365 and 33366 will remain on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions.	<input type="checkbox"/>
33367	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with percutaneous peripheral arterial and venous cannulation (eg, femoral vessels) (List separately in addition to code for primary procedure)	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	October 2016	The Workgroup did not believe there would be a change in physician work or practice expense for the add-on services and recommends that 33367, 33368 and 33369 be removed from the new technology list as there is no demonstrated diffusion.	<input checked="" type="checkbox"/>

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33368	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with open peripheral arterial and venous cannulation (eg, femoral, iliac, axillary vessels) (List separately in addition to code for primary procedure)	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	October 2016	The Workgroup did not believe there would be a change in physician work or practice expense for the add-on services and recommends that 33367, 33368 and 33369 be removed from the new technology list as there is no demonstrated diffusion.	<input checked="" type="checkbox"/>
33369	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with central arterial and venous cannulation (eg, aorta, right atrium, pulmonary artery) (List separately in addition to code for primary procedure)	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	October 2016	The Workgroup did not believe there would be a change in physician work or practice expense for the add-on services and recommends that 33367, 33368 and 33369 be removed from the new technology list as there is no demonstrated diffusion.	<input checked="" type="checkbox"/>
33412	Replacement, aortic valve; with transventricular aortic annulus enlargement (Konno procedure)	Jan 2018	Aortoventriculoplasty with Pulmonary Autograft	05	CPT 2019	October 2022	In the NPRM for 2019 CMS requested that codes 33412 and 33413 should be reviewed when the new code is reviewed for new technology.	<input type="checkbox"/>

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33413	Replacement, aortic valve; by translocation of autologous pulmonary valve with allograft replacement of pulmonary valve (Ross procedure)	Jan 2018	Aortoventriculoplasty with Pulmonary Autograft	05	CPT 2019	October 2022	In the NPRM for 2019 CMS requested that codes 33412 and 33413 should be reviewed when the new code is reviewed for new technology.	<input type="checkbox"/>
33418	Transcatheter mitral valve repair, percutaneous approach, including transseptal puncture when performed; initial prosthesis	Apr 2014	Transcatheter Mitral Valve Repair	10	CPT 2015	October 2021	In October 2018, RUC recommended to review again after 3 more years of data (2021).	<input type="checkbox"/>
33419	Transcatheter mitral valve repair, percutaneous approach, including transseptal puncture when performed; additional prosthesis(es) during same session (List separately in addition to code for primary procedure)	Apr 2014	Transcatheter Mitral Valve Repair	10	CPT 2015	October 2021	In October 2018, RUC recommended to review again after 3 more years of data (2021).	<input type="checkbox"/>
33440	Replacement, aortic valve; by translocation of autologous pulmonary valve and transventricular aortic annulus enlargement of the left ventricular outflow tract with valved conduit replacement of pulmonary valve (Ross-Konno procedure)	Jan 2018	Aortoventriculoplasty with Pulmonary Autograft	05	CPT 2019	October 2022		<input type="checkbox"/>
33477	Transcatheter pulmonary valve implantation, percutaneous approach, including pre-stenting of the valve delivery site, when performed	Jan 2015	Transcatheter Pulmonary Valve Implantation	06	CPT 2016	October 2022	Review in 3 years (Oct 2022); pediatric procedure with some CMS utilization.	<input checked="" type="checkbox"/>
33620	Application of right and left pulmonary artery bands (eg, hybrid approach stage 1)	Feb 2010	Cardiac Hybrid Procedures	8	CPT 2011	September 2014	Develop CPT Assitant article to clarify who should report these services. The STS noted and the RUC agreed that only pediatric cardiac surgeons perform 33620 and 33622.	<input checked="" type="checkbox"/>

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33621	Transthoracic insertion of catheter for stent placement with catheter removal and closure (eg, hybrid approach stage 1)	Feb 2010	Cardiac Hybrid Procedures	8	CPT 2011	September 2014	Develop CPT Assitant article to clarify who should report these services. The STS noted and the RUC agreed that only pediatric cardiac surgeons perform 33620 and 33622.	<input checked="" type="checkbox"/>
33622	Reconstruction of complex cardiac anomaly (eg, single ventricle or hypoplastic left heart) with palliation of single ventricle with aortic outflow obstruction and aortic arch hypoplasia, creation of cavopulmonary anastomosis, and removal of right and left pulmonary bands (eg, hybrid approach stage 2, Norwood, bidirectional Glenn, pulmonary artery debanding)	Feb 2010	Cardiac Hybrid Procedures	8	CPT 2011	September 2014	Develop CPT Assitant article to clarify who should report these services. The STS noted and the RUC agreed that only pediatric cardiac surgeons perform 33620 and 33622.	<input checked="" type="checkbox"/>
33864	Ascending aorta graft, with cardiopulmonary bypass with valve suspension, with coronary reconstruction and valve-sparing aortic root remodeling (eg, David Procedure, Yacoub Procedure)	Apr 2007	Valve Sparing Aortic Annulus Reconstruction	24	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
33866	Aortic hemiarch graft including isolation and control of the arch vessels, beveled open distal aortic anastomosis extending under one or more of the arch vessels, and total circulatory arrest or isolated cerebral perfusion (List separately in addition to code for primary procedure)	Jan 2018	Hemi-Aortic Arch Replacement	06	CPT 2019	October 2022		<input type="checkbox"/>
33927	Implantation of a total replacement heart system (artificial heart) with recipient cardiectomy	Jan 2017	Artificial Heart System Procedure	09	CPT 2018	October 2021		<input type="checkbox"/>
33928	Removal and replacement of total replacement heart system (artificial heart)	Jan 2017	Artificial Heart System Procedure	09	CPT 2018	October 2021		<input type="checkbox"/>

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33929	Removal of a total replacement heart system (artificial heart) for heart transplantation (List separately in addition to code for primary procedure)	Jan 2017	Artificial Heart System Procedure	09	CPT 2018	October 2021		<input type="checkbox"/>
33946	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; initiation, veno-venous	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
33947	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; initiation, veno-arterial	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
33948	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; daily management, each day, veno-venous	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
33949	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; daily management, each day, veno-arterial	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
33951	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age (includes fluoroscopic guidance, when performed)	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
33952	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance, when performed)	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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33953	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
33954	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), open, 6 years and older	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
33955	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
33956	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of central cannula(e) by sternotomy or thoracotomy, 6 years and older	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
33957	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age (includes fluoroscopic guidance, when performed)	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
33958	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance, when performed)	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>



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33959	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age (includes fluoroscopic guidance, when performed)	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
33962	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), open, 6 years and older (includes fluoroscopic guidance, when performed)	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
33963	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age (includes fluoroscopic guidance, when performed)	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
33964	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition central cannula(e) by sternotomy or thoracotomy, 6 years and older (includes fluoroscopic guidance, when performed)	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
33965	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
33966	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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33969	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
33984	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), open, 6 years and older	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
33985	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
33986	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of central cannula(e) by sternotomy or thoracotomy, 6 years and older	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
33987	Arterial exposure with creation of graft conduit (eg, chimney graft) to facilitate arterial perfusion for ECMO/ECLS (List separately in addition to code for primary procedure)	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
33988	Insertion of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ECMO/ECLS	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
33989	Removal of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ECMO/ECLS	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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339X1		Oct 2019	Percutaneous Ventricular Assist Device Insertion	05	CPT 2021	October 2024		<input type="checkbox"/>
339X2		Oct 2019	Percutaneous Ventricular Assist Device Insertion	05	CPT 2021	October 2024		<input type="checkbox"/>
33X01		Oct 2018	Aortic Graft Procedures	06	CPT 2020	October 2023		<input type="checkbox"/>
34806	Code Deleted	Apr 2007	Wireless Pressure Sensor Implantation	25	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
36465	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; single incompetent extremity truncal vein (eg, great saphenous vein, accessory saphenous vein)	Jan 2017	Treatment of Incompetent Veins	11	CPT 2018	October 2021		<input type="checkbox"/>
36466	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; multiple incompetent truncal veins (eg, great saphenous vein, accessory saphenous vein), same leg	Jan 2017	Treatment of Incompetent Veins	11	CPT 2018	October 2021		<input type="checkbox"/>
36473	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated	Jan 2016	Mechanochemical (MOCA) Vein Ablation	13	CPT 2017	October 2020		<input type="checkbox"/>
36474	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	Jan 2016	Mechanochemical (MOCA) Vein Ablation	13	CPT 2017	October 2020		<input type="checkbox"/>

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36475	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated	Apr 2014	Endovenous Ablation	38	CPT 2015	October 2021	In October 2018, RUC recommended to review again after 3 more years of data (2021).	<input type="checkbox"/>
36476	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	Apr 2014	Endovenous Ablation	38	CPT 2015	October 2021	In October 2018, RUC recommended to review again after 3 more years of data (2021).	<input type="checkbox"/>
36478	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated	Apr 2014	Endovenous Ablation	38	CPT 2015	October 2021	In October 2018, RUC recommended to review again after 3 more years of data (2021).	<input type="checkbox"/>
36479	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	Apr 2014	Endovenous Ablation	38	CPT 2015	October 2021	In October 2018, RUC recommended to review again after 3 more years of data (2021).	<input type="checkbox"/>
36482	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; first vein treated	Jan 2017	Treatment of Incompetent Veins	11	CPT 2018	October 2021		<input type="checkbox"/>

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36483	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	Jan 2017	Treatment of Incompetent Veins	11	CPT 2018	October 2021		<input type="checkbox"/>
37192	Repositioning of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	Apr 2011	IVC Transcatheter Procedure	12	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
37193	Retrieval (removal) of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	Apr 2011	IVC Transcatheter Procedure	12	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
37218	Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery, open or percutaneous antegrade approach, including angioplasty, when performed, and radiological supervision and interpretation	Apr 2014	Transcatheter Placement of Carotid Stents	12	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
38220	Diagnostic bone marrow; aspiration(s)	Apr 2016	Diagnostic Bone Marrow Aspiration and Bone Biopsy	06	CPT 2018	October 2021		<input type="checkbox"/>
38221	Diagnostic bone marrow; biopsy(ies)	Apr 2016	Diagnostic Bone Marrow Aspiration and Bone Biopsy	06	CPT 2018	October 2021		<input type="checkbox"/>
38222	Diagnostic bone marrow; biopsy(ies) and aspiration(s)	Apr 2016	Diagnostic Bone Marrow Aspiration and Bone Biopsy	06	CPT 2018	October 2021		<input type="checkbox"/>

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38900	Intraoperative identification (eg, mapping) of sentinel lymph node(s) includes injection of non-radioactive dye, when performed (List separately in addition to code for primary procedure)	Apr 2010	Sentinel Lymph Node Mapping	8	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	<input checked="" type="checkbox"/>
43180	Esophagoscopy, rigid, transoral with diverticulectomy of hypopharynx or cervical esophagus (eg, Zenker's diverticulum), with cricopharyngeal myotomy, includes use of telescope or operating microscope and repair, when performed	Jan 2014	Endoscopic Hypopharyngeal Diverticulotomy	7	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
43210	Esophagogastroduodenoscopy, flexible, transoral; with esophagogastric fundoplasty, partial or complete, includes duodenoscopy when performed	Apr 2015	Esophagogatric Fundoplasty Trans-Oral Approach	05	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
43273	Endoscopic cannulation of papilla with direct visualization of pancreatic/common bile duct(s) (List separately in addition to code(s) for primary procedure)	Apr 2008	Cholangioscopy-Pancreatotomy	13	CPT 2009	September 2012	Specialty to survey Feb 2013 with family of services	<input checked="" type="checkbox"/>
43279	Laparoscopy, surgical, esophagomyotomy (Heller type), with fundoplasty, when performed	Apr 2008	Laparoscopic Heller Myotomy	12	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
43281	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; without implantation of mesh	Apr 2009	Laparoscopic Paraesophageal Hernia Repair	12	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
43282	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; with implantation of mesh	Apr 2009	Laparoscopic Paraesophageal Hernia Repair	12	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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43284	Laparoscopy, surgical, esophageal sphincter augmentation procedure, placement of sphincter augmentation device (ie, magnetic band), including cruroplasty when performed	Jan 2016	Esophageal Sphincter Augmentation	17	CPT 2017	October 2020		<input type="checkbox"/>
43285	Removal of esophageal sphincter augmentation device	Jan 2016	Esophageal Sphincter Augmentation	17	CPT 2017	October 2020		<input type="checkbox"/>
43647	Laparoscopy, surgical; implantation or replacement of gastric neurostimulator electrodes, antrum	Apr 2006	Gastric Antrum Neurostimulation	26	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
43648	Laparoscopy, surgical; revision or removal of gastric neurostimulator electrodes, antrum	Apr 2006	Gastric Antrum Neurostimulation	26	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
43775	Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)	Apr 2009	Laparoscopic Longitudinal Gastrectomy	14	CPT 2010	September 2013	Remove from list, carrier priced.	<input checked="" type="checkbox"/>
43881	Implantation or replacement of gastric neurostimulator electrodes, antrum, open	Apr 2006	Gastric Antrum Neurostimulation	26	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
43882	Revision or removal of gastric neurostimulator electrodes, antrum, open	Apr 2006	Gastric Antrum Neurostimulation	26	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>

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44705	Preparation of fecal microbiota for instillation, including assessment of donor specimen	Apr 2012	Fecal Bacteriotherapy	18	CPT 2013	October 2018	The specialty societies indicated that they tried to develop a category I code to replace 44705 which is not currently covered by Medicare, but the CPT Editorial Panel did not accept the coding change proposal due to a lack in literature provided. The Workgroup recommended that these services be reviewed in 2 year after additional utilization data is available (October 2018). In October 2018, the RUC recommended to remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
46601	Anoscopy; diagnostic, with high-resolution magnification (HRA) (eg, colposcope, operating microscope) and chemical agent enhancement, including collection of specimen(s) by brushing or washing, when performed	Apr 2014	High Resolution Anoscopy	14	CPT 2015	October 2021	In October 2018, RUC recommended to review again after 3 more years of data and to determine what specialties are performing this service (2021).	<input type="checkbox"/>



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46607	Anoscopy; with high-resolution magnification (HRA) (eg, colposcope, operating microscope) and chemical agent enhancement, with biopsy, single or multiple	Apr 2014	High Resolution Anoscopy	14	CPT 2015	October 2021	In October 2018, RUC recommended to review again after 3 more years of data and to determine what specialties are performing this service (2021).	<input type="checkbox"/>
46707	Repair of anorectal fistula with plug (eg, porcine small intestine submucosa [SIS])	Apr 2009	Fistula Plug	15	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
46948	Hemorrhoidectomy, internal, by transanal hemorrhoidal dearterialization, 2 or more hemorrhoid columns/groups, including ultrasound guidance, with mucopexy, when performed	Oct 2018	Transanal Hemorrhoidal Dearterialization	07	CPT 2020	October 2023		<input type="checkbox"/>
47383	Ablation, 1 or more liver tumor(s), percutaneous, cryoablation	Apr 2014	Cryoablation of Liver Tumor	15	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
49327	Laparoscopy, surgical; with placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), intra-abdominal, intrapelvic, and/or retroperitoneum, including imaging guidance, if performed, single or multiple (List separately in addition to code for primary procedure)	Apr 2010	Fiducial Marker Placement	10	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	<input checked="" type="checkbox"/>
49411	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-abdominal, intra-pelvic (except prostate), and/or retroperitoneum, single or multiple	Apr 2009	Fiducial Marker Placement	6	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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49412	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), open, intra-abdominal, intrapelvic, and/or retroperitoneum, including image guidance, if performed, single or multiple (List separately in addition to code for primary procedure)	Apr 2010	Fiducial Marker Placement	10	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	<input checked="" type="checkbox"/>
49652	Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); reducible	Feb 2011	Laparoscopic Hernia Repair	30	CPT 2009	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
49653	Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); incarcerated or strangulated	Feb 2011	Laparoscopic Hernia Repair	30	CPT 2009	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
49654	Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); reducible	Feb 2011	Laparoscopic Hernia Repair	30	CPT 2009	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
49655	Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated	Feb 2011	Laparoscopic Hernia Repair	30	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
50430	Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; new access	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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50431	Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; existing access	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
50432	Placement of nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
50433	Placement of nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, new access	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
50434	Convert nephrostomy catheter to nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, via pre-existing nephrostomy tract	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
50435	Exchange nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
50593	Ablation, renal tumor(s), unilateral, percutaneous, cryotherapy	Apr 2007	Percutaneous Renal Tumor Cryotherapy	A	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>

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50606	Endoluminal biopsy of ureter and/or renal pelvis, non-endoscopic, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
50693	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; pre-existing nephrostomy tract	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
50694	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, without separate nephrostomy catheter	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
50695	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, with separate nephrostomy catheter	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
50705	Ureteral embolization or occlusion, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
50706	Balloon dilation, ureteral stricture, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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52441	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant	Apr 2014	Cystourethroscopy Insertion Transprostatic Implant	16	CPT 2015	October 2018	Survey for January 2019	<input checked="" type="checkbox"/>
52442	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; each additional permanent adjustable transprostatic implant (List separately in addition to code for primary procedure)	Apr 2014	Cystourethroscopy Insertion Transprostatic Implant	16	CPT 2015	October 2018	Survey for January 2019	<input checked="" type="checkbox"/>
53854	Transurethral destruction of prostate tissue; by radiofrequency generated water vapor thermotherapy	Jan 2018	Transurethral Destruction of Prostate Tissue	13	CPT 2019	October 2022		<input type="checkbox"/>
53855	Insertion of a temporary prostatic urethral stent, including urethral measurement	Feb 2009	Temporary Prostatic Urethral Stent Insertion	12	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
53860	Transurethral radiofrequency micro-remodeling of the female bladder neck and proximal urethra for stress urinary incontinence	Apr 2010	Transurethral Radiofrequency Bladder Neck and Urethra	12	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	<input checked="" type="checkbox"/>
55706	Biopsies, prostate, needle, transperineal, stereotactic template guided saturation sampling, including imaging guidance	Apr 2008	Saturation Biopsies	15	CPT 2009	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	<input checked="" type="checkbox"/>
55866	Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed	Oct 2009	Laparoscopic Radical Prostatectomy	14	CPT 2011	September 2014	Survey for April 2015. Specialty society should consider surveying 55845 and 55866 at the same time.	<input checked="" type="checkbox"/>

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55874	Transperineal placement of biodegradable material, peri-prostatic, single or multiple injection(s), including image guidance, when performed	Jan 2017	Peri-Prostatic Implantation of Biodegradable Material	13	CPT 2018	October 2021		<input type="checkbox"/>
558XX		Oct 2019	Transrectal High Intesity Focused US Prostate Ablation	06	CPT 2021	October 2024		<input type="checkbox"/>
57423	Paravaginal defect repair (including repair of cystocele, if performed), laparoscopic approach	Apr 2007	Laparoscopic Paravaginal Defect Repair	C	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
57425	Laparoscopy, surgical, colpopexy (suspension of vaginal apex)	Oct 2008	Laparoscopic Revision of Prosthetic Vaginal Graft	7	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
57426	Revision (including removal) of prosthetic vaginal graft, laparoscopic approach	Oct 2008	Laparoscopic Revision of Prosthetic Vaginal Graft	7	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
57XX0		Jan 2020	Computer-Aided Mapping of Cervix Uteri	14	CPT 2021	October 2024		<input type="checkbox"/>
58541	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less;	Feb 2006	Laparoscopic Supracervical Hysterectomy	13	CPT 2007	September 2013	Survey April 2014	<input checked="" type="checkbox"/>
58542	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	Feb 2006	Laparoscopic Supracervical Hysterectomy	13	CPT 2007	September 2013	Survey April 2014	<input checked="" type="checkbox"/>
58543	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g;	Feb 2006	Laparoscopic Supracervical Hysterectomy	13	CPT 2007	September 2013	Survey April 2014	<input checked="" type="checkbox"/>

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58544	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	Feb 2006	Laparoscopic Supracervical Hysterectomy	13	CPT 2007	September 2013	Survey April 2014	<input checked="" type="checkbox"/>
58570	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less;	Apr 2007	Laparoscopic Total Hysterectomy	D	CPT 2008	September 2013	Survey April 2014	<input checked="" type="checkbox"/>
58571	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	Apr 2007	Laparoscopic Total Hysterectomy	D	CPT 2008	September 2013	Survey April 2014	<input checked="" type="checkbox"/>
58572	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g;	Apr 2007	Laparoscopic Total Hysterectomy	D	CPT 2008	September 2013	Survey April 2014	<input checked="" type="checkbox"/>
58573	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	Apr 2007	Laparoscopic Total Hysterectomy	D	CPT 2008	September 2013	Survey April 2014	<input checked="" type="checkbox"/>
58674	Laparoscopy, surgical, ablation of uterine fibroid(s) including intraoperative ultrasound guidance and monitoring, radiofrequency	Jan 2016	Laparoscopic Radiofrequency Ablation of Uterine Fibroids	18	CPT 2017	October 2020		<input type="checkbox"/>
61645	Percutaneous arterial transluminal mechanical thrombectomy and/or infusion for thrombolysis, intracranial, any method, including diagnostic angiography, fluoroscopic guidance, catheter placement, and intraprocedural pharmacological thrombolytic injection(s)	Apr 2015	Intracranial Endovascular Intervention	09	CPT 2016	October 2019	Remove from list. Although the RUC discussed that the subsequent hostial visit occurs, CMS has already issued their statement on 23-hr hospital stay services.	<input checked="" type="checkbox"/>
61650	Endovascular intracranial prolonged administration of pharmacologic agent(s) other than for thrombolysis, arterial, including catheter placement, diagnostic angiography, and imaging guidance; initial vascular territory	Apr 2015	Intracranial Endovascular Intervention	09	CPT 2016	October 2019	Remove from list. Although the RUC discussed that the subsequent hostial visit occurs, CMS has already issued their statement on 23-hr hospital stay services.	<input checked="" type="checkbox"/>

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61651	Endovascular intracranial prolonged administration of pharmacologic agent(s) other than for thrombolysis, arterial, including catheter placement, diagnostic angiography, and imaging guidance; each additional vascular territory (List separately in addition to code for primary procedure)	Apr 2015	Intracranial Endovascular Intervention	09	CPT 2016	October 2019	Remove from list. Although the RUC discussed that the subsequent hostial visit occurs, CMS has already issued their statement on 23-hr hospital stay services.	<input checked="" type="checkbox"/>
62328	Spinal puncture, lumbar, diagnostic; with fluoroscopic or CT guidance	Jan 2019	Lumbar Puncture	09	CPT 2020	October 2023		<input type="checkbox"/>
62329	Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter); with fluoroscopic or CT guidance	Jan 2019	Lumbar Puncture	09	CPT 2020	October 2023		<input type="checkbox"/>
62380	Endoscopic decompression of spinal cord, nerve root(s), including laminotomy, partial facetectomy, foraminotomy, discectomy and/or excision of herniated intervertebral disc, 1 interspace, lumbar	Jan 2016	Endoscopic Decompression of Spinal Cord Nerve	19	CPT 2017	October 2020		<input type="checkbox"/>
63620	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion	Apr 2008	Stereotactic Radiosurgery	16	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
63621	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional spinal lesion (List separately in addition to code for primary procedure)	Apr 2008	Stereotactic Radiosurgery	16	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
64450	Injection(s), anesthetic agent(s) and/or steroid; other peripheral nerve or branch	Jan 2019	Genicular Injection and RFA	10	CPT 2020	October 2023		<input type="checkbox"/>
64451	Injection(s), anesthetic agent(s) and/or steroid; nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)	Jan 2019	Radiofrequency Neurotomy Sacroiliac Joint	08	CPT 2020	October 2023		<input type="checkbox"/>
64454	Injection(s), anesthetic agent(s) and/or steroid; genicular nerve branches, including imaging guidance, when performed	Jan 2019	Genicular Injection and RFA	10	CPT 2020	October 2023		<input type="checkbox"/>



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64566	Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming	Apr 2010	Posterior Tibial Nerve Stimulation	13	CPT 2011	October 2019	Surveyed for April 2015, RUC recommended to review utilization again in 2 years (Oct 2019). In Oct 2019, recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
64569	Revision or replacement of cranial nerve (eg, vagus nerve) neurostimulator electrode array, including connection to existing pulse generator	Feb 2010	Vagus Nerve Stimulator	14	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	<input checked="" type="checkbox"/>
64570	Removal of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator	Feb 2010	Vagus Nerve Stimulator	14	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	<input checked="" type="checkbox"/>
64624	Destruction by neurolytic agent, genicular nerve branches including imaging guidance, when performed	Jan 2019	Genicular Injection and RFA	10	CPT 2020	October 2023		<input type="checkbox"/>
64625	Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)	Jan 2019	Radiofrequency Neurotomy Sacroiliac Joint	08	CPT 2020	October 2023		<input type="checkbox"/>
64640	Destruction by neurolytic agent; other peripheral nerve or branch	Jan 2019	Genicular Injection and RFA	10	CPT 2020	October 2023		<input type="checkbox"/>

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65756	Keratoplasty (corneal transplant); endothelial	Apr 2008	Endothelial Keratoplasty	20	CPT 2009	September 2012	Remove, code does not need to be re-evaluated. Though volume grew faster than expected, there was a decrease in other services of similar magnitude, that were previously reported and had similar work RVUs. All remained work neutral.	<input checked="" type="checkbox"/>
65757	Backbench preparation of corneal endothelial allograft prior to transplantation (List separately in addition to code for primary procedure)	Apr 2008	Endothelial Keratoplasty	20	CPT 2009	September 2012	Remove, code does not need to be re-evaluated.	<input checked="" type="checkbox"/>
65778	Placement of amniotic membrane on the ocular surface; without sutures	Feb 2010	Amniotic Membrane Placement	15	CPT 2011	September 2014	Survey for April 2015.	<input checked="" type="checkbox"/>
65779	Placement of amniotic membrane on the ocular surface; single layer, sutured	Feb 2010	Amniotic Membrane Placement	15	CPT 2011	September 2014	Survey for April 2015.	<input checked="" type="checkbox"/>
65780	Ocular surface reconstruction; amniotic membrane transplantation, multiple layers	Oct 2011	Relativity Assessment Workgroup	51	CPT 2011	September 2014	Survey for April 2015.	<input checked="" type="checkbox"/>
65785	Implantation of intrastromal corneal ring segments	Jan 2015	Intrastomal Corneal Ring Implantation	11	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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66174	Transluminal dilation of aqueous outflow canal; without retention of device or stent	Apr 2010	Open Angle Glaucoma Procedures	15	CPT 2011	October 2020	Review utilization in 3 years (Oct 2019) and flag in the RUC database not to use to validate physician work. Specialty societies will review the billed together file to determine if they will revise these services to CPT Feb 2020 for bundling or if they will go straight to survey. Specialty societies will provide an action plan for the RAW in January 2020. In January 2020, the RUC recommended to Refer to CPT May 2020 to revise the descriptor and add exclusionary parentheticals. Code 66175 should be maintained given it has very low utilization.	<input type="checkbox"/>

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66175	Transluminal dilation of aqueous outflow canal; with retention of device or stent	Apr 2010	Open Angle Glaucoma Procedures	15	CPT 2011	October 2020	Review utilization in 3 years (Oct 2019) and flag in the RUC database not to use to validate physician work. Specialty societies will review the billed together file to determine if they will revise these services to CPT Feb 2020 for bundling or if they will go straight to survey. Specialty societies will provide an action plan for the RAW in January 2020. In January 2020, the RUC recommended to Refer to CPT May 2020 to revise the descriptor and add exclusionary parentheticals. Code 66175 should be maintained given it has very low utilization.	<input type="checkbox"/>
66183	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, external approach	Apr 2013	Insertion of Anterior Segment	14	CPT 2014	October 2017	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
68816	Probing of nasolacrimal duct, with or without irrigation; with transluminal balloon catheter dilation	Apr 2007	Nasolacrimal Duct Balloon Catheter Dilation	E	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
697X1		Jan 2020	Dilation of Eustachian Tube	15	CPT 2021	October 2024		<input type="checkbox"/>
697XX		Jan 2020	Dilation of Eustachian Tube	15	CPT 2021	October 2024		<input type="checkbox"/>

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70554	Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist administration	Feb 2006	Functional MRI	15	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
70555	Magnetic resonance imaging, brain, functional MRI; requiring physician or psychologist administration of entire neurofunctional testing	Feb 2006	Functional MRI	15	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
712X0		Oct 2019	Screening CT of Thorax	07	CPT 2021	October 2024		<input type="checkbox"/>
74261	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material	Apr 2009	CT Colonography	19	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
74262	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; with contrast material(s) including non-contrast images, if performed	Apr 2009	CT Colonography	19	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
74263	Computed tomographic (CT) colonography, screening, including image postprocessing	Apr 2009	CT Colonography	19	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
75557	Cardiac magnetic resonance imaging for morphology and function without contrast material;	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Remove, as utilization is appropriate due to shift of utilization for deleted code which included "with flow/velocity quantification", code 75558.	<input checked="" type="checkbox"/>
75558	Code Deleted CPT 2010	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Code Deleted CPT 2010	<input checked="" type="checkbox"/>

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75559	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
75560	Code Deleted CPT 2010	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Code Deleted CPT 2010	☑
75561	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences;	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Remove, as utilization is appropriate due to shift of utilization for deleted code which included "with flow/velocity quantification", code 75560.	☑
75562	Code Deleted CPT 2010	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Code Deleted CPT 2010	☑
75563	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with stress imaging	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
75564	Code Deleted CPT 2010	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Code Deleted CPT 2010	☑
75571	Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	Feb 2009	Coronary Computed Tomographic Angiography	15	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
75572	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)	Feb 2009	Coronary Computed Tomographic Angiography	15	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

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75573	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of LV cardiac function, RV structure and function and evaluation of venous structures, if performed)	Feb 2009	Coronary Computed Tomographic Angiography	15	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
75574	Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Feb 2009	Coronary Computed Tomographic Angiography	15	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
76391	Magnetic resonance (eg, vibration) elastography	Jan 2018	Magnetic Resonance Elastography	16	CPT 2019	October 2022		<input type="checkbox"/>

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76881	Ultrasound, complete joint (ie, joint space and peri-articular soft-tissue structures), real-time with image documentation	Apr 2010	Ultrasound of Extremity	17	CPT 2011	October 2021	The specialty society noted and the Workgroup agreed that the dominant specialties providing the complete versus the limited ultrasound of extremity services are different. Thus, causing variation in what the typical practice expense inputs. The Workgroup recommends to 1) Refer CPT codes 76881 and 76882 to the Practice Expense Subcommittee for review of the direct practice expense inputs; 2) Refer to the CPT Editorial Panel to clarify the introductory language regarding the reference to one joint in the complete ultrasound; and 3) Review again in 3 years (October 2019). In Oct 2019, the RAW recommended to review in 2 years (Oct 2021) after additional utilization data is available.	<input type="checkbox"/>



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76882	Ultrasound, limited, joint or other nonvascular extremity structure(s) (eg, joint space, peri-articular tendon[s], muscle[s], nerve[s], other soft-tissue structure[s], or soft-tissue mass[es]), real-time with image documentation	Apr 2010	Ultrasound of Extremity	17	CPT 2011	October 2021	The specialty society noted and the Workgroup agreed that the dominant specialties providing the complete versus the limited ultrasound of extremity services are different. Thus, causing variation in what the typical practice expense inputs. The Workgroup recommends to 1) Refer CPT codes 76881 and 76882 to the Practice Expense Subcommittee for review of the direct practice expense inputs; 2) Refer to the CPT Editorial Panel to clarify the introductory language regarding the reference to one joint in the complete ultrasound; and 3) Review again in 3 years (October 2019). In Oct 2019, the RAW recommended to review in 2 years (Oct 2021) after additional utilization data is available.	<input type="checkbox"/>
76978	Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); initial lesion	Jan 2018	Contrast-Enhanced Ultrasound	15	CPT 2019	October 2022		<input type="checkbox"/>

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76979	Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); each additional lesion with separate injection (List separately in addition to code for primary procedure)	Jan 2018	Contrast-Enhanced Ultrasound	15	CPT 2019	October 2022		<input type="checkbox"/>
76981	Ultrasound, elastography; parenchyma (eg, organ)	Jan 2018	Ultrasound Elastography	14	CPT 2019	October 2022		<input type="checkbox"/>
76982	Ultrasound, elastography; first target lesion	Jan 2018	Ultrasound Elastography	14	CPT 2019	October 2022		<input type="checkbox"/>
76983	Ultrasound, elastography; each additional target lesion (List separately in addition to code for primary procedure)	Jan 2018	Ultrasound Elastography	14	CPT 2019	October 2022		<input type="checkbox"/>
77021	Magnetic resonance imaging guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation	Jan 2018	Fine Needle Aspiration	04	CPT 2019	October 2022		<input type="checkbox"/>
77046	Magnetic resonance imaging, breast, without contrast material; unilateral	Oct 2017	Breast MRI with Computer-Aided Detection	06	CPT 2019	October 2022		<input type="checkbox"/>
77047	Magnetic resonance imaging, breast, without contrast material; bilateral	Oct 2017	Breast MRI with Computer-Aided Detection	06	CPT 2019	October 2022		<input type="checkbox"/>
77048	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	Oct 2017	Breast MRI with Computer-Aided Detection	06	CPT 2019	October 2022		<input type="checkbox"/>
77049	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; bilateral	Oct 2017	Breast MRI with Computer-Aided Detection	06	CPT 2019	October 2022		<input type="checkbox"/>

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77061	Diagnostic digital breast tomosynthesis; unilateral	Apr 2014	Breast Tomosynthesis	19	CPT 2015	October 2021	In October 2018, the RUC recommended that CMS delete G0279 and use codes 77061, 77062 and 77063 as created by CPT and valued by the RUC. Review again in 3 years (2021).	<input type="checkbox"/>
77062	Diagnostic digital breast tomosynthesis; bilateral	Apr 2014	Breast Tomosynthesis	19	CPT 2015	October 2021	In October 2018, the RUC recommended that CMS delete G0279 and use codes 77061, 77062 and 77063 as created by CPT and valued by the RUC. Review again in 3 years (2021).	<input type="checkbox"/>
77063	Screening digital breast tomosynthesis, bilateral (List separately in addition to code for primary procedure)	Apr 2014	Breast Tomosynthesis	19	CPT 2015	October 2021	In October 2018, the RUC recommended that CMS delete G0279 and use codes 77061, 77062 and 77063 as created by CPT and valued by the RUC. Review again in 3 years (2021).	<input type="checkbox"/>
77293	Respiratory motion management simulation (List separately in addition to code for primary procedure)	Jan 2013	Respiratory Motion Management Simulation	14	CPT 2014	October 2020	Review in 3 years (October 2020)	<input type="checkbox"/>
77371	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multi-source Cobalt 60 based	Sep 2005	Stereotactic Radiation Tx Delivery	7	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>

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77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based	Sep 2005	Stereotactic Radiation Tx Delivery	7	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	Apr 2006	Stereotactic Body Radiation Therapy	B	CPT 2007	September 2010	Practice expense review (Feb 2011).	<input checked="" type="checkbox"/>
77435	Stereotactic body radiation therapy, treatment management, per treatment course, to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	Apr 2006	Stereotactic Body Radiation Therapy	B	CPT 2007	September 2010	Survey (work) and PE review (Feb 2011).	<input checked="" type="checkbox"/>
77435	Stereotactic body radiation therapy, treatment management, per treatment course, to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	Feb 2011	Stereotactic Body Radiation Delivery	32	CPT 2012	October 2015	Practice expense review (Feb 2011).	<input checked="" type="checkbox"/>
77520	Proton treatment delivery; simple, without compensation	Apr 2019	Proton Beam Treatment Delivery (PE Only)	19	CPT 2021	October 2024		<input type="checkbox"/>
77522	Proton treatment delivery; simple, with compensation	Apr 2019	Proton Beam Treatment Delivery (PE Only)	19	CPT 2021	October 2024		<input type="checkbox"/>
77523	Proton treatment delivery; intermediate	Apr 2019	Proton Beam Treatment Delivery (PE Only)	19	CPT 2021	October 2024		<input type="checkbox"/>
77525	Proton treatment delivery; complex	Apr 2019	Proton Beam Treatment Delivery (PE Only)	19	CPT 2021	October 2024		<input type="checkbox"/>

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78071	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT)	Apr 2012	Parathyroid Imaging	23	CPT 2013	October 2018	In April 2011, CPT Code 78007, Thyroid imaging, with uptake; multiple determinations was identified in the Harvard Valued-Utilization over 30,000 screen. As part of the review of the entire endocrine family, the specialty societies determined that revisions to the parathyroid imaging procedures were necessary to reflect current bundling policies, guideline changes and new technology. AMA Staff reviewed the work neutrality impacts for codes reviewed in the CPT 2013 cycle. It appeared that was only one issue where there was a large growth in utilization in the first year. For CPT 2013 the Parathyroid Imaging codes were not work neutral, and it was initially estimated as a savings overall. It appears that there was 40% increase from what was projected. The specialty societies submitted an action plan indicating that literature supporting	<input checked="" type="checkbox"/>

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							<p>parathyroid scintigraphy as an effective diagnostic study for parathyroid disease has recently emerged and supports the clinical utility thus increasing utilization. Secondly, the availability of SPECT/CT cameras has increased and is greater than initially predicted, allowing for a higher utilization. The Workgroup agreed and also noted that these services are conducted on patients who are referred to the radiologists or nuclear medicine physicians. The physicians providing these services do not control the number of patients referred to them who receive these services. The Workgroup recommends that the specialty societies develop a CPT Assistant article to address potential current use of 78803 rather than the new codes 78071 and 78072. The Workgroup noted that these services are on the new technology list for review later this year and should be</p>	

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							postponed and reviewed in 2 years after the CPT Assistant article is published. In October 2018, the RUC recommended to remove from list , no demonstrated technology diffusion that impacts work or practice expense.	

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78072	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently acquired computed tomography (CT) for anatomical localization	Apr 2012	Parathyroid Imaging	23	CPT 2013	October 2018	In April 2011, CPT Code 78007, Thyroid imaging, with uptake; multiple determinations was identified in the Harvard Valued-Utilization over 30,000 screen. As part of the review of the entire endocrine family, the specialty societies determined that revisions to the parathyroid imaging procedures were necessary to reflect current bundling policies, guideline changes and new technology. AMA Staff reviewed the work neutrality impacts for codes reviewed in the CPT 2013 cycle. It appeared that was only one issue where there was a large growth in utilization in the first year. For CPT 2013 the Parathyroid Imaging codes were not work neutral, and it was initially estimated as a savings overall. It appears that there was 40% increase from what was projected. The specialty societies submitted an action plan indicating that literature supporting	<input checked="" type="checkbox"/>



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							<p>parathyroid scintigraphy as an effective diagnostic study for parathyroid disease has recently emerged and supports the clinical utility thus increasing utilization. Secondly, the availability of SPECT/CT cameras has increased and is greater than initially predicted, allowing for a higher utilization. The Workgroup agreed and also noted that these services are conducted on patients who are referred to the radiologists or nuclear medicine physicians. The physicians providing these services do not control the number of patients referred to them who receive these services. The Workgroup recommends that the specialty societies develop a CPT Assistant article to address potential current use of 78803 rather than the new codes 78071 and 78072. The Workgroup noted that these services are on the new technology list for review later this year and should be</p>	

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							postponed and reviewed in 2 years after the CPT Assistant article is published. In October 2018, the RUC recommended to remove from list , no demonstrated technology diffusion that impacts work or practice expense.	
78265	Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel transit	Apr 2015	Colon Transit Imaging	18	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
78266	Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel and colon transit, multiple days	Apr 2015	Colon Transit Imaging	18	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
78429	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	Jan 2019	Myocardial PET	13	CPT 2020	October 2023		<input type="checkbox"/>
78430	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan	Jan 2019	Myocardial PET	13	CPT 2020	October 2023		<input type="checkbox"/>

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78431	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan	Jan 2019	Myocardial PET	13	CPT 2020	October 2023		<input type="checkbox"/>
78432	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability);	Jan 2019	Myocardial PET	13	CPT 2020	October 2023		<input type="checkbox"/>
78433	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability); with concurrently acquired computed tomography transmission scan	Jan 2019	Myocardial PET	13	CPT 2020	October 2023		<input type="checkbox"/>
78434	Absolute quantitation of myocardial blood flow (AQMBF), positron emission tomography (PET), rest and pharmacologic stress (List separately in addition to code for primary procedure)	Jan 2019	Myocardial PET	13	CPT 2020	October 2023		<input type="checkbox"/>
78459	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study;	Jan 2019	Myocardial PET	13	CPT 2020	October 2023		<input type="checkbox"/>
78491	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic)	Jan 2019	Myocardial PET	13	CPT 2020	October 2023		<input type="checkbox"/>

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78492	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic)	Jan 2019	Myocardial PET	13	CPT 2020	October 2023		<input type="checkbox"/>
78811	Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)	Apr 2007	PET Imaging	G	CPT 2008	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
78812	Positron emission tomography (PET) imaging; skull base to mid-thigh	Apr 2007	PET Imaging	G	CPT 2008	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
78813	Positron emission tomography (PET) imaging; whole body	Apr 2007	PET Imaging	G	CPT 2008	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
78814	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)	Apr 2007	PET Imaging	G	CPT 2008	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
78815	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh	Apr 2007	PET Imaging	G	CPT 2008	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
78816	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Apr 2007	PET Imaging	G	CPT 2008	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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78830	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, single area (eg, head, neck, chest, pelvis), single day imaging	Jan 2019	SPECT-CT Procedures	14	CPT 2020	October 2023		<input type="checkbox"/>
78831	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), minimum 2 areas (eg, pelvis and knees, abdomen and pelvis), single day imaging, or single area imaging over 2 or more days	Jan 2019	SPECT-CT Procedures	14	CPT 2020	October 2023		<input type="checkbox"/>
78832	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, minimum 2 areas (eg, pelvis and knees, abdomen and pelvis), single day imaging, or single area imaging over 2 or more days	Jan 2019	SPECT-CT Procedures	14	CPT 2020	October 2023		<input type="checkbox"/>
78835	Radiopharmaceutical quantification measurement(s) single area (List separately in addition to code for primary procedure)	Jan 2019	SPECT-CT Procedures	14	CPT 2020	October 2023		<input type="checkbox"/>
81161	DMD (dystrophin) (eg, Duchenne/Becker muscular dystrophy) deletion analysis, and duplication analysis, if performed	Oct 2012	Molecular Pathology -Tier 1	11	CPT 2014	October 2017	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>

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81201	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; full gene sequence	Apr 2012	Molecular Pathology-Adenomatous Polyposis Coli	24	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81202	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; known familial variants	Apr 2012	Molecular Pathology-Adenomatous Polyposis Coli	24	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81203	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; duplication/deletion variants	Apr 2012	Molecular Pathology-Adenomatous Polyposis Coli	24	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81206	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; major breakpoint, qualitative or quantitative	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81207	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; minor breakpoint, qualitative or quantitative	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81208	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; other breakpoint, qualitative or quantitative	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

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81210	BRAF (B-Raf proto-oncogene, serine/threonine kinase) (eg, colon cancer, melanoma), gene analysis, V600 variant(s)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>
81216	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>
81217	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>
81220	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; common variants (eg, ACMG/ACOG guidelines)	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>
81221	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; known familial variants	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>
81222	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; duplication/deletion variants	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>

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81223	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; full gene sequence	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>
81224	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; intron 8 poly-T analysis (eg, male infertility)	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>
81225	CYP2C19 (cytochrome P450, family 2, subfamily C, polypeptide 19) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *8, *17)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>
81227	CYP2C9 (cytochrome P450, family 2, subfamily C, polypeptide 9) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *5, *6)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>
81235	EGFR (epidermal growth factor receptor) (eg, non-small cell lung cancer) gene analysis, common variants (eg, exon 19 LREA deletion, L858R, T790M, G719A, G719S, L861Q)	Sep 2011	Molecular Pathology Test - Tier 1	09	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>
81240	F2 (prothrombin, coagulation factor II) (eg, hereditary hypercoagulability) gene analysis, 20210G>A variant	Apr 2011	Molecular Pathology Test - Tier 1	15	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>



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81241	F5 (coagulation factor V) (eg, hereditary hypercoagulability) gene analysis, Leiden variant	Apr 2011	Molecular Pathology Test - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81243	FMR1 (fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81244	FMR1 (fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; characterization of alleles (eg, expanded size and promoter methylation status)	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81245	FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia), gene analysis; internal tandem duplication (ITD) variants (ie, exons 14, 15)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81252	GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; full gene sequence	Sep 2011	Molecular Pathology Test - Tier 1	09	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81253	GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; known familial variants	Sep 2011	Molecular Pathology Test - Tier 1	09	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

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81254	GJB6 (gap junction protein, beta 6, 30kDa, connexin 30) (eg, nonsyndromic hearing loss) gene analysis, common variants (eg, 309kb [del(GJB6-D13S1830)] and 232kb [del(GJB6-D13S1854)])	Sep 2011	Molecular Pathology Test - Tier 1	09	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81256	HFE (hemochromatosis) (eg, hereditary hemochromatosis) gene analysis, common variants (eg, C282Y, H63D)	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81257	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; common deletions or variant (eg, Southeast Asian, Thai, Filipino, Mediterranean, alpha3.7, alpha4.2, alpha20.5, Constant Spring)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81261	IGH@ (Immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, B-cell), gene rearrangement analysis to detect abnormal clonal population(s); amplified methodology (eg, polymerase chain reaction)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81262	IGH@ (Immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, B-cell), gene rearrangement analysis to detect abnormal clonal population(s); direct probe methodology (eg, Southern blot)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81263	IGH@ (Immunoglobulin heavy chain locus) (eg, leukemia and lymphoma, B-cell), variable region somatic mutation analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

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81264	IGK@ (Immunoglobulin kappa light chain locus) (eg, leukemia and lymphoma, B-cell), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>
81265	Comparative analysis using Short Tandem Repeat (STR) markers; patient and comparative specimen (eg, pre-transplant recipient and donor germline testing, post-transplant non-hematopoietic recipient germline [eg, buccal swab or other germline tissue sample] and donor testing, twin zygosity testing, or maternal cell contamination of fetal cells)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>
81266	Comparative analysis using Short Tandem Repeat (STR) markers; each additional specimen (eg, additional cord blood donor, additional fetal samples from different cultures, or additional zygosity in multiple birth pregnancies) (List separately in addition to code for primary procedure)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>
81267	Chimerism (engraftment) analysis, post transplantation specimen (eg, hematopoietic stem cell), includes comparison to previously performed baseline analyses; without cell selection	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>
81268	Chimerism (engraftment) analysis, post transplantation specimen (eg, hematopoietic stem cell), includes comparison to previously performed baseline analyses; with cell selection (eg, CD3, CD33), each cell type	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>

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81270	JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) gene analysis, p.Val617Phe (V617F) variant	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>
81275	KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; variants in exon 2 (eg, codons 12 and 13)	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>
81291	MTHFR (5,10-methylenetetrahydrofolate reductase) (eg, hereditary hypercoagulability) gene analysis, common variants (eg, 677T, 1298C)	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>
81292	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>
81293	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>
81294	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>

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81295	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81296	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81297	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81298	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81299	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81300	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

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81301	Microsatellite instability analysis (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) of markers for mismatch repair deficiency (eg, BAT25, BAT26), includes comparison of neoplastic and normal tissue, if performed	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>
81302	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; full sequence analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>
81303	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; known familial variant	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>
81304	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; duplication/deletion variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>
81315	PML/RARalpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (eg, promyelocytic leukemia) translocation analysis; common breakpoints (eg, intron 3 and intron 6), qualitative or quantitative	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>
81316	PML/RARalpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (eg, promyelocytic leukemia) translocation analysis; single breakpoint (eg, intron 3, intron 6 or exon 6), qualitative or quantitative	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>

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81317	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>
81318	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>
81319	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>
81321	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; full sequence analysis	Sep 2011	Molecular Pathology Test - Tier 1	09	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>
81322	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; known familial variant	Sep 2011	Molecular Pathology Test - Tier 1	09	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>
81323	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; duplication/deletion variant	Sep 2011	Molecular Pathology Test - Tier 1	09	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>

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81331	SNRPN/UBE3A (small nuclear ribonucleoprotein polypeptide N and ubiquitin protein ligase E3A) (eg, Prader-Willi syndrome and/or Angelman syndrome), methylation analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81332	SERPINA1 (serpin peptidase inhibitor, clade A, alpha-1 antiproteinase, antitrypsin, member 1) (eg, alpha-1-antitrypsin deficiency), gene analysis, common variants (eg, *S and *Z)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81340	TRB@ (T cell antigen receptor, beta) (eg, leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s); using amplification methodology (eg, polymerase chain reaction)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81341	TRB@ (T cell antigen receptor, beta) (eg, leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s); using direct probe methodology (eg, Southern blot)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81342	TRG@ (T cell antigen receptor, gamma) (eg, leukemia and lymphoma), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81350	UGT1A1 (UDP glucuronosyltransferase 1 family, polypeptide A1) (eg, drug metabolism, hereditary unconjugated hyperbilirubinemia [Gilbert syndrome]) gene analysis, common variants (eg, *28, *36, *37)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑



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81355	VKORC1 (vitamin K epoxide reductase complex, subunit 1) (eg, warfarin metabolism), gene analysis, common variant(s) (eg, -1639G>A, c.173+1000C>T)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>
81370	HLA Class I and II typing, low resolution (eg, antigen equivalents); HLA-A, -B, -C, -DRB1/3/4/5, and -DQB1	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>
81371	HLA Class I and II typing, low resolution (eg, antigen equivalents); HLA-A, -B, and -DRB1 (eg, verification typing)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>
81372	HLA Class I typing, low resolution (eg, antigen equivalents); complete (ie, HLA-A, -B, and -C)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>
81373	HLA Class I typing, low resolution (eg, antigen equivalents); one locus (eg, HLA-A, -B, or -C), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>
81374	HLA Class I typing, low resolution (eg, antigen equivalents); one antigen equivalent (eg, B*27), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>

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81375	HLA Class II typing, low resolution (eg, antigen equivalents); HLA-DRB1/3/4/5 and -DQB1	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>
81376	HLA Class II typing, low resolution (eg, antigen equivalents); one locus (eg, HLA-DRB1, -DRB3/4/5, -DQB1, -DQA1, -DPB1, or -DPA1), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>
81377	HLA Class II typing, low resolution (eg, antigen equivalents); one antigen equivalent, each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>
81378	HLA Class I and II typing, high resolution (ie, alleles or allele groups), HLA-A, -B, -C, and -DRB1	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>
81379	HLA Class I typing, high resolution (ie, alleles or allele groups); complete (ie, HLA-A, -B, and -C)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>
81380	HLA Class I typing, high resolution (ie, alleles or allele groups); one locus (eg, HLA-A, -B, or -C), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>

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81381	HLA Class I typing, high resolution (ie, alleles or allele groups); one allele or allele group (eg, B*57:01P), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>
81382	HLA Class II typing, high resolution (ie, alleles or allele groups); one locus (eg, HLA-DRB1, -DRB3/4/5, -DQB1, -DQA1, -DPB1, or -DPA1), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>
81383	HLA Class II typing, high resolution (ie, alleles or allele groups); one allele or allele group (eg, HLA-DQB1*06:02P), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>

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81400	Molecular pathology procedure, Level 1 (eg, identification of single germline variant [eg, SNP] by techniques such as restriction enzyme digestion or melt curve analysis) ACADM (acyl-CoA dehydrogenase, C-4 to C-12 straight chain, MCAD) (eg, medium chain acyl dehydrogenase deficiency), K304E variant ACE (angiotensin converting enzyme) (eg, hereditary blood pressure regulation), insertion/deletion variant AGTR1 (angiotensin II receptor, type 1) (eg, essential hypertension), 1166A>C variant BCKDHA (branched chain keto acid dehydrogenase E1, alpha polypeptide) (eg, maple syrup urine disease, type 1A), Y438N variant CCR5 (chemokine C-C motif receptor 5) (eg, HIV resistance), 32-bp deletion mutation/794 825del32 deletion CLRN1 (clarin 1) (eg, Usher syndrome, type 3), N48K variant F2 (coagulation factor 2) (eg, hereditary hypercoagulability), 1199G>A variant F5 (coagulation factor V) (eg, hereditary hypercoagulability), HR2 variant F7 (coagulation factor VII [serum prothrombin conversion accelerator]) (eg, hereditary hypercoagulability), R353Q variant F13B (coagulation factor XIII, B polypeptide) (eg, hereditary hypercoagulability), V34L variant FGB (fibrinogen beta chain) (eg, hereditary ischemic heart disease), -455G>A variant FGFR1 (fibroblast growth factor receptor 1) (eg, Pfeiffer syndrome type 1, craniosynostosis), P252R variant FGFR3 (fibroblast growth factor receptor 3) (eg, Muenke syndrome), P250R variant FKTN (fukutin) (eg, Fukuyama congenital muscular dystrophy), retrotransposon insertion variant GNE (glucosamine [UDP-N-acetyl]-2-epimerase/N-acetylmannosamine kinase) (eg, inclusion body myopathy 2 [IBM2], Nonaka myopathy), M712T variant IVD (isovaleryl-CoA dehydrogenase) (eg, isovaleric acidemia), A282V variant LCT (lactase-phlorizin hydrolase) (eg, lactose intolerance), 13910 C>T variant NEB (nebulin) (eg, nemaline myopathy 2), exon 55 deletion variant PCDH15	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>

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	(protocadherin-related 15) (eg, Usher syndrome type 1F), R245X variant SERPINE1 (serpine peptidase inhibitor clade E, member 1, plasminogen activator inhibitor -1, PAI-1) (eg, thrombophilia), 4G variant SHOC2 (soc-2 suppressor of clear homolog) (eg, Noonan-like syndrome with loose anagen hair), S2G variant SRY (sex determining region Y) (eg, 46,XX testicular disorder of sex development, gonadal dysgenesis), gene analysis TOR1A (torsin family 1, member A [torsin A]) (eg, early-onset primary dystonia [DYT1]), 907_909delGAG (904_906delGAG) variant							

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81401	Molecular pathology procedure, Level 2 (eg, 2-10 SNPs, 1 methylated variant, or 1 somatic variant [typically using nonsequencing target variant analysis], or detection of a dynamic mutation disorder/triplet repeat) ABCC8 (ATP-binding cassette, sub-family C [CFTR/MRP], member 8) (eg, familial hyperinsulinism), common variants (eg, c.3898-9G>A [c.3992-9G>A], F1388del) ABL1 (ABL proto-oncogene 1, non-receptor tyrosine kinase) (eg, acquired imatinib resistance), T315I variant ACADM (acyl-CoA dehydrogenase, C-4 to C-12 straight chain, MCAD) (eg, medium chain acyl dehydrogenase deficiency), commons variants (eg, K304E, Y42H) ADRB2 (adrenergic beta-2 receptor surface) (eg, drug metabolism), common variants (eg, G16R, Q27E) APOB (apolipoprotein B) (eg, familial hypercholesterolemia type B), common variants (eg, R3500Q, R3500W) APOE (apolipoprotein E) (eg, hyperlipoproteinemia type III, cardiovascular disease, Alzheimer disease), common variants (eg, *2, *3, *4) CBFB/MYH11 (inv(16)) (eg, acute myeloid leukemia), qualitative, and quantitative, if performed CBS (cystathionine beta-synthase) (eg, homocystinuria, cystathionine beta-synthase deficiency), common variants (eg, I278T, G307S) CCND1/IGH (BCL1/IgH, t(11;14)) (eg, mantle cell lymphoma) translocation analysis, major breakpoint, qualitative, and quantitative, if performed CFH/ARMS2 (complement factor H/age-related maculopathy susceptibility 2) (eg, macular degeneration), common variants (eg, Y402H [CFH], A69S [ARMS2]) DEK/NUP214 (t(6;9)) (eg, acute myeloid leukemia), translocation analysis, qualitative, and quantitative, if performed E2A/PBX1 (t(1;19)) (eg, acute lymphocytic leukemia), translocation analysis, qualitative, and quantitative, if performed EML4/ALK (inv(2)) (eg, non-small cell lung cancer), translocation or inversion analysis ETV6/NTRK3 (t(12;15)) (eg, congenital/infantile fibrosarcoma), translocation	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>

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	analysis, qualitative, and quantitative, if performed ETV6/RUNX1 (t(12;21)) (eg, acute lymphocytic leukemia), translocation analysis, qualitative, and quantitative, if performed EWSR1/ATF1 (t(12;22)) (eg, clear cell sarcoma), translocation analysis, qualitative, and quantitative, if performed EWSR1/ERG (t(21;22)) (eg, Ewing sarcoma/peripheral neuroectodermal tumor), translocation analysis, qualitative, and quantitative, if performed EWSR1/FLI1 (t(11;22)) (eg, Ewing sarcoma/peripheral neuroectodermal tumor), translocation analysis, qualitative, and quantitative, if performed EWSR1/WT1 (t(11;22)) (eg, desmoplastic small round cell tumor), translocation analysis, qualitative, and quantitative, if performed F11 (coagulation factor XI) (eg, coagulation disorder), common variants (eg, E117X [Type II], F283L [Type III], IVS14del14, and IVS14+1G>A [Type I]) FGFR3 (fibroblast growth factor receptor 3) (eg, achondroplasia, hypochondroplasia), common variants (eg, 1138G>A, 1138G>C, 1620C>A, 1620C>G) FIP1L1/PDGFR4 (del[4q12]) (eg, imatinib-sensitive chronic eosinophilic leukemia), qualitative, and quantitative, if performed FLG (filaggrin) (eg, ichthyosis vulgaris), common variants (eg, R501X, 2282del4, R2447X, S3247X, 3702delG) FOXO1/PAX3 (t(2;13)) (eg, alveolar rhabdomyosarcoma), translocation analysis, qualitative, and quantitative, if performed FOXO1/PAX7 (t(1;13)) (eg, alveolar rhabdomyosarcoma), translocation analysis, qualitative, and quantitative, if performed FUS/DDIT3 (t(12;16)) (eg, myxoid liposarcoma), translocation analysis, qualitative, and quantitative, if performed GALT (galactosylceramidase) (eg, Krabbe disease), common variants (eg, c.857G>A, 30-kb deletion) GALT (galactose-1-phosphate uridylyltransferase) (eg, galactosemia), common variants (eg, Q188R, S135L, K285N, T138M, L195P, Y209C, IVS2-2A>G, P171S, del5kb, N314D, L218L/N314D) H19 (imprinted maternally							

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	expressed transcript [non-protein coding]) (eg, Beckwith-Wiedemann syndrome), methylation analysis IGH@/BCL2 (t(14;18)) (eg, follicular lymphoma), translocation analysis; single breakpoint (eg, major breakpoint region [MBR] or minor cluster region [mcr]), qualitative or quantitative (When both MBR and mcr breakpoints are performed, use 81402) KCNQ1OT1 (KCNQ1 overlapping transcript 1 [non-protein coding]) (eg, Beckwith-Wiedemann syndrome), methylation analysis LINC00518 (long intergenic non-protein coding RNA 518) (eg, melanoma), expression analysis LRRK2 (leucine-rich repeat kinase 2) (eg, Parkinson disease), common variants (eg, R1441G, G2019S, I2020T) MED12 (mediator complex subunit 12) (eg, FG syndrome type 1, Lujan syndrome), common variants (eg, R961W, N1007S) MEG3/DLK1 (maternally expressed 3 [non-protein coding]/delta-like 1 homolog [Drosophila]) (eg, intrauterine growth retardation), methylation analysis MLL/AFF1 (t(4;11)) (eg, acute lymphoblastic leukemia), translocation analysis, qualitative, and quantitative, if performed MLL/MLLT3 (t(9;11)) (eg, acute myeloid leukemia), translocation analysis, qualitative, and quantitative, if performed MT-ATP6 (mitochondrially encoded ATP synthase 6) (eg, neuropathy with ataxia and retinitis pigmentosa [NARP], Leigh syndrome), common variants (eg, m.8993T>G, m.8993T>C) MT-ND4, MT-ND6 (mitochondrially encoded NADH dehydrogenase 4, mitochondrially encoded NADH dehydrogenase 6) (eg, Leber hereditary optic neuropathy [LHON]), common variants (eg, m.11778G>A, m.3460G>A, m.14484T>C) MT-ND5 (mitochondrially encoded tRNA leucine 1 [UUA/G], mitochondrially encoded NADH dehydrogenase 5) (eg, mitochondrial encephalopathy with lactic acidosis and stroke-like episodes [MELAS]), common variants (eg, m.3243A>G, m.3271T>C, m.3252A>G, m.13513G>A) MT-RNR1 (mitochondrially							



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	encoded 12S RNA) (eg, nonsyndromic hearing loss), common variants (eg, m.1555A>G, m.1494C>T) MT-TK (mitochondrially encoded tRNA lysine) (eg, myoclonic epilepsy with ragged-red fibers [MERRF]), common variants (eg, m.8344A>G, m.8356T>C) MT-TL1 (mitochondrially encoded tRNA leucine 1 [UUA/G]) (eg, diabetes and hearing loss), common variants (eg, m.3243A>G, m.14709 T>C) MT-TL1 MT-TS1, MT-RNR1 (mitochondrially encoded tRNA serine 1 [UCN], mitochondrially encoded 12S RNA) (eg, nonsyndromic sensorineural deafness [including aminoglycoside-induced nonsyndromic deafness]), common variants (eg, m.7445A>G, m.1555A>G) MUTYH (mutY homolog [E. coli]) (eg, MYH-associated polyposis), common variants (eg, Y165C, G382D) NOD2 (nucleotide-binding oligomerization domain containing 2) (eg, Crohn's disease, Blau syndrome), common variants (eg, SNP 8, SNP 12, SNP 13) NPM1/ALK (t(2;5)) (eg, anaplastic large cell lymphoma), translocation analysis PAX8/PPARG (t(2;3) (q13;p25)) (eg, follicular thyroid carcinoma), translocation analysis PRAME (preferentially expressed antigen in melanoma) (eg, melanoma), expression analysis PRSS1 (protease, serine, 1 [trypsin 1]) (eg, hereditary pancreatitis), common variants (eg, N29I, A16V, R122H) PYGM (phosphorylase, glycogen, muscle) (eg, glycogen storage disease type V, McArdle disease), common variants (eg, R50X, G205S) RUNX1/RUNX1T1 (t(8;21)) (eg, acute myeloid leukemia) translocation analysis, qualitative, and quantitative, if performed SS18/SSX1 (t(X;18)) (eg, synovial sarcoma), translocation analysis, qualitative, and quantitative, if performed SS18/SSX2 (t(X;18)) (eg, synovial sarcoma), translocation analysis, qualitative, and quantitative, if performed VWF (von Willebrand factor) (eg, von Willebrand disease type 2N), common variants (eg, T791M,							

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81402	Molecular pathology procedure, Level 3 (eg, >10 SNPs, 2-10 methylated variants, or 2-10 somatic variants [typically using non-sequencing target variant analysis], immunoglobulin and T-cell receptor gene rearrangements, duplication/deletion variants of 1 exon, loss of heterozygosity [LOH], uniparental disomy [UPD]) Chromosome 1p-/19q- (eg, glial tumors), deletion analysis Chromosome 18q- (eg, D18S55, D18S58, D18S61, D18S64, and D18S69) (eg, colon cancer), allelic imbalance assessment (ie, loss of heterozygosity) COL1A1/PDGFB (t(17;22)) (eg, dermatofibrosarcoma protuberans), translocation analysis, multiple breakpoints, qualitative, and quantitative, if performed CYP21A2 (cytochrome P450, family 21, subfamily A, polypeptide 2) (eg, congenital adrenal hyperplasia, 21-hydroxylase deficiency), common variants (eg, IVS2-13G, P30L, I172N, exon 6 mutation cluster [I235N, V236E, M238K], V281L, L307FfsX6, Q318X, R356W, P453S, G110VfsX21, 30-kb deletion variant) ESR1/PGR (receptor 1/progesterone receptor) ratio (eg, breast cancer) IGH@/BCL2 (t(14;18)) (eg, follicular lymphoma), translocation analysis; major breakpoint region (MBR) and minor cluster region (mcr) breakpoints, qualitative or quantitative MEFV (Mediterranean fever) (eg, familial Mediterranean fever), common variants (eg, E148Q, P369S, F479L, M680I, I692del, M694V, M694I, K695R, V726A, A744S, R761H) MPL (myeloproliferative leukemia virus oncogene, thrombopoietin receptor, TPOR) (eg, myeloproliferative disorder), common variants (eg, W515A, W515K, W515L, W515R) TRD@ (T cell antigen receptor, delta) (eg, leukemia and lymphoma), gene rearrangement analysis, evaluation to detect abnormal clonal population Uniparental disomy (UPD) (eg, Russell-Silver syndrome, Prader-Willi/Angelman syndrome), short tandem repeat (STR) analysis	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>

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81403	Molecular pathology procedure, Level 4 (eg, analysis of single exon by DNA sequence analysis, analysis of >10 amplicons using multiplex PCR in 2 or more independent reactions, mutation scanning or duplication/deletion variants of 2-5 exons) ANG (angiogenin, ribonuclease, RNase A family, 5) (eg, amyotrophic lateral sclerosis), full gene sequence ARX (aristaless-related homeobox) (eg, X-linked lissencephaly with ambiguous genitalia, X-linked mental retardation), duplication/deletion analysis CEL (carboxyl ester lipase [bile salt-stimulated lipase]) (eg, maturity-onset diabetes of the young [MODY]), targeted sequence analysis of exon 11 (eg, c.1785delC, c.1686delT) CTNNB1 (catenin [cadherin-associated protein], beta 1, 88kDa) (eg, desmoid tumors), targeted sequence analysis (eg, exon 3) DAZ/SRY (deleted in azoospermia and sex determining region Y) (eg, male infertility), common deletions (eg, AZFa, AZFb, AZFc, AZFd) DNMT3A (DNA [cytosine-5-]-methyltransferase 3 alpha) (eg, acute myeloid leukemia), targeted sequence analysis (eg, exon 23) EPCAM (epithelial cell adhesion molecule) (eg, Lynch syndrome), duplication/deletion analysis F8 (coagulation factor VIII) (eg, hemophilia A), inversion analysis, intron 1 and intron 22A F12 (coagulation factor XII [Hageman factor]) (eg, angioedema, hereditary, type III; factor XII deficiency), targeted sequence analysis of exon 9 FGFR3 (fibroblast growth factor receptor 3) (eg, isolated craniosynostosis), targeted sequence analysis (eg, exon 7) (For targeted sequence analysis of multiple FGFR3 exons, use 81404) GJB1 (gap junction protein, beta 1) (eg, Charcot-Marie-Tooth X-linked), full gene sequence GNAQ (guanine nucleotide-binding protein G[q] subunit alpha) (eg, uveal melanoma), common variants (eg, R183, Q209) Human erythrocyte antigen gene analyses (eg, SLC14A1 [Kidd blood group], BCAM [Lutheran blood group], ICAM4 [Landsteiner-Wiener blood	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>

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	group], SLC4A1 [Diego blood group], AQP1 [Colton blood group], ERMAP [Scianna blood group], RHCE [Rh blood group, CcEe antigens], KEL [Kell blood group], DARC [Duffy blood group], GYPA, GYPB, GYPE [MNS blood group], ART4 [Dombrock blood group]) (eg, sickle-cell disease, thalassemia, hemolytic transfusion reactions, hemolytic disease of the fetus or newborn), common variants HRAS (v-Ha-ras Harvey rat sarcoma viral oncogene homolog) (eg, Costello syndrome), exon 2 sequence JAK2 (Janus kinase 2) (eg, myeloproliferative disorder), exon 12 sequence and exon 13 sequence, if performed KCNC3 (potassium voltage-gated channel, Shaw-related subfamily, member 3) (eg, spinocerebellar ataxia), targeted sequence analysis (eg, exon 2) KCNJ2 (potassium inwardly-rectifying channel, subfamily J, member 2) (eg, Andersen-Tawil syndrome), full gene sequence KCNJ11 (potassium inwardly-rectifying channel, subfamily J, member 11) (eg, familial hyperinsulinism), full gene sequence Killer cell immunoglobulin-like receptor (KIR) gene family (eg, hematopoietic stem cell transplantation), genotyping of KIR family genes Known familial variant not otherwise specified, for gene listed in Tier 1 or Tier 2, or identified during a genomic sequencing procedure, DNA sequence analysis, each variant exon (For a known familial variant that is considered a common variant, use specific common variant Tier 1 or Tier 2 code) MC4R (melanocortin 4 receptor) (eg, obesity), full gene sequence MICA (MHC class I polypeptide-related sequence A) (eg, solid organ transplantation), common variants (eg, *001, *002) MPL (myeloproliferative leukemia virus oncogene, thrombopoietin receptor, TPOR) (eg, myeloproliferative disorder), exon 10 sequence MT-RNR1 (mitochondrially encoded 12S RNA) (eg, nonsyndromic hearing loss), full gene sequence MT-TS1 (mitochondrially encoded tRNA serine 1) (eg, nonsyndromic hearing loss), full gene sequence NDP (Norrie disease							

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	[pseudoglioma]) (eg, Norrie disease), duplication/deletion analysis NHLRC1 (NHL repeat containing 1) (eg, progressive myoclonus epilepsy), full gene sequence PHOX2B (paired-like homeobox 2b) (eg, congenital central hypoventilation syndrome), duplication/deletion analysis PLN (phospholamban) (eg, dilated cardiomyopathy, hypertrophic cardiomyopathy), full gene sequence RHD (Rh blood group, D antigen) (eg, hemolytic disease of the fetus and newborn, Rh maternal/fetal compatibility), deletion analysis (eg, exons 4, 5, and 7, pseudogene) RHD (Rh blood group, D antigen) (eg, hemolytic disease of the fetus and newborn, Rh maternal/fetal compatibility), deletion analysis (eg, exons 4, 5, and 7, pseudogene), performed on cell-free fetal DNA in maternal blood (For human erythrocyte gene analysis of RHD, use a separate unit of 81403) SH2D1A (SH2 domain containing 1A) (eg, X-linked lymphoproliferative syndrome), duplication/deletion analysis TWIST1 (twist homolog 1 [Drosophila]) (eg, Saethre-Chotzen syndrome), duplication/deletion analysis UBA1 (ubiquitin-like modifier activating enzyme 1) (eg, spinal muscular atrophy, X-linked), targeted sequence analysis (eg, exon 15) VHL (von Hippel-Lindau tumor suppressor) (eg, von Hippel-Lindau familial cancer syndrome), deletion/duplication analysis VWF (von Willebrand factor) (eg, von Willebrand disease types 2A, 2B, 2M), targeted sequence analysis (eg, exon 28)							

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81404	Molecular pathology procedure, Level 5 (eg, analysis of 2-5 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 6-10 exons, or characterization of a dynamic mutation disorder/triplet repeat by Southern blot analysis) ACADS (acyl-CoA dehydrogenase, C-2 to C-3 short chain) (eg, short chain acyl-CoA dehydrogenase deficiency), targeted sequence analysis (eg, exons 5 and 6) AQP2 (aquaporin 2 [collecting duct]) (eg, nephrogenic diabetes insipidus), full gene sequence ARX (aristaless related homeobox) (eg, X-linked lissencephaly with ambiguous genitalia, X-linked mental retardation), full gene sequence AVPR2 (arginine vasopressin receptor 2) (eg, nephrogenic diabetes insipidus), full gene sequence BBS10 (Bardet-Biedl syndrome 10) (eg, Bardet-Biedl syndrome), full gene sequence BTD (biotinidase) (eg, biotinidase deficiency), full gene sequence C10orf2 (chromosome 10 open reading frame 2) (eg, mitochondrial DNA depletion syndrome), full gene sequence CAV3 (caveolin 3) (eg, CAV3-related distal myopathy, limb-girdle muscular dystrophy type 1C), full gene sequence CD40LG (CD40 ligand) (eg, X-linked hyper IgM syndrome), full gene sequence CDKN2A (cyclin-dependent kinase inhibitor 2A) (eg, CDKN2A-related cutaneous malignant melanoma, familial atypical mole-malignant melanoma syndrome), full gene sequence CLRN1 (clarin 1) (eg, Usher syndrome, type 3), full gene sequence COX6B1 (cytochrome c oxidase subunit VIb polypeptide 1) (eg, mitochondrial respiratory chain complex IV deficiency), full gene sequence CPT2 (carnitine palmitoyltransferase 2) (eg, carnitine palmitoyltransferase II deficiency), full gene sequence CRX (cone-rod homeobox) (eg, cone-rod dystrophy 2, Leber congenital amaurosis), full gene sequence CYP1B1 (cytochrome P450, family 1, subfamily B, polypeptide 1) (eg, primary congenital glaucoma), full gene sequence EGR2 (early growth response 2) (eg, Charcot-Marie-	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>

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	<p>Tooth), full gene sequence EMD (emerin) (eg, Emery-Dreifuss muscular dystrophy), duplication/deletion analysis EPM2A (epilepsy, progressive myoclonus type 2A, Lafora disease [laforin]) (eg, progressive myoclonus epilepsy), full gene sequence FGF23 (fibroblast growth factor 23) (eg, hypophosphatemic rickets), full gene sequence FGFR2 (fibroblast growth factor receptor 2) (eg, craniosynostosis, Apert syndrome, Crouzon syndrome), targeted sequence analysis (eg, exons 8, 10) FGFR3 (fibroblast growth factor receptor 3) (eg, achondroplasia, hypochondroplasia), targeted sequence analysis (eg, exons 8, 11, 12, 13) FHL1 (four and a half LIM domains 1) (eg, Emery-Dreifuss muscular dystrophy), full gene sequence FKRP (fukutin related protein) (eg, congenital muscular dystrophy type 1C [MDC1C], limb-girdle muscular dystrophy [LGMD] type 2I), full gene sequence FOXG1 (forkhead box G1) (eg, Rett syndrome), full gene sequence FSHMD1A (facioscapulohumeral muscular dystrophy 1A) (eg, facioscapulohumeral muscular dystrophy), evaluation to detect abnormal (eg, deleted) alleles FSHMD1A (facioscapulohumeral muscular dystrophy 1A) (eg, facioscapulohumeral muscular dystrophy), characterization of haplotype(s) (ie, chromosome 4A and 4B haplotypes) GH1 (growth hormone 1) (eg, growth hormone deficiency), full gene sequence GP1BB (glycoprotein Ib [platelet], beta polypeptide) (eg, Bernard-Soulier syndrome type B), full gene sequence (For common deletion variants of alpha globin 1 and alpha globin 2 genes, use 81257) HNF1B (HNF1 homeobox B) (eg, maturity-onset diabetes of the young [MODY]), duplication/deletion analysis HRAS (v-Ha-ras Harvey rat sarcoma viral oncogene homolog) (eg, Costello syndrome), full gene sequence HSD3B2 (hydroxy-delta-5-steroid dehydrogenase, 3 beta- and steroid delta-isomerase 2) (eg, 3-beta-hydroxysteroid dehydrogenase type II deficiency), full gene sequence HSD11B2 (hydroxysteroid [11-beta]</p>							

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	dehydrogenase 2) (eg, mineralocorticoid excess syndrome), full gene sequence HSPB1 (heat shock 27kDa protein 1) (eg, Charcot-Marie-Tooth disease), full gene sequence INS (insulin) (eg, diabetes mellitus), full gene sequence KCNJ1 (potassium inwardly-rectifying channel, subfamily J, member 1) (eg, Bartter syndrome), full gene sequence KCNJ10 (potassium inwardly-rectifying channel, subfamily J, member 10) (eg, SeSAME syndrome, EAST syndrome, sensorineural hearing loss), full gene sequence LITAF (lipopolysaccharide-induced TNF factor) (eg, Charcot-Marie-Tooth), full gene sequence MEFV (Mediterranean fever) (eg, familial Mediterranean fever), full gene sequence MEN1 (multiple endocrine neoplasia I) (eg, multiple endocrine neoplasia type 1, Wermer syndrome), duplication/deletion analysis MMACHC (methylmalonic aciduria [cobalamin deficiency] cblC type, with homocystinuria) (eg, methylmalonic acidemia and homocystinuria), full gene sequence MPV17 (MpV17 mitochondrial inner membrane protein) (eg, mitochondrial DNA depletion syndrome), duplication/deletion analysis NDP (Norrie disease [pseudoglioma]) (eg, Norrie disease), full gene sequence NDUFA1 (NADH dehydrogenase [ubiquinone] 1 alpha subcomplex, 1, 7.5kDa) (eg, Leigh syndrome, mitochondrial complex I deficiency), full gene sequence NDUFAF2 (NADH dehydrogenase [ubiquinone] 1 alpha subcomplex, assembly factor 2) (eg, Leigh syndrome, mitochondrial complex I deficiency), full gene sequence NDUFS4 (NADH dehydrogenase [ubiquinone] Fe-S protein 4, 18kDa [NADH-coenzyme Q reductase]) (eg, Leigh syndrome, mitochondrial complex I deficiency), full gene sequence NIPA1 (non-imprinted in Prader-Willi/Angelman syndrome 1) (eg, spastic paraplegia), full gene sequence NLGN4X (neuroligin 4, X-linked) (eg, autism spectrum disorders), duplication/deletion analysis NPC2 (Niemann-Pick disease, type C2 [epididymal secretory protein E1]) (eg, Niemann-							



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	Pick disease type C2), full gene sequence NR0B1 (nuclear receptor subfamily 0, group B, member 1) (eg, congenital adrenal hypoplasia), full gene sequence PDX1 (pancreatic and duodenal homeobox 1) (eg, maturity-onset diabetes of the young [MODY]), full gene sequence PHOX2B (paired-like homeobox 2b) (eg, congenital central hypoventilation syndrome), full gene sequence PLP1 (proteolipid protein 1) (eg, Pelizaeus-Merzbacher disease, spastic paraplegia), duplication/deletion analysis PQBP1 (polyglutamine binding protein 1) (eg, Renpenning syndrome), duplication/deletion analysis PRNP (prion protein) (eg, genetic prion disease), full gene sequence PROP1 (PROP paired-like homeobox 1) (eg, combined pituitary hormone deficiency), full gene sequence PRPH2 (peripherin 2 [retinal degeneration, slow]) (eg, retinitis pigmentosa), full gene sequence PRSS1 (protease, serine, 1 [trypsin 1]) (eg, hereditary pancreatitis), full gene sequence RAF1 (v-raf-1 murine leukemia viral oncogene homolog 1) (eg, LEOPARD syndrome), targeted sequence analysis (eg, exons 7, 12, 14, 17) RET (ret proto-oncogene) (eg, multiple endocrine neoplasia, type 2B and familial medullary thyroid carcinoma), common variants (eg, M918T, 2647_2648delinsTT, A883F) RHO (rhodopsin) (eg, retinitis pigmentosa), full gene sequence RP1 (retinitis pigmentosa 1) (eg, retinitis pigmentosa), full gene sequence SCN1B (sodium channel, voltage-gated, type I, beta) (eg, Brugada syndrome), full gene sequence SCO2 (SCO cytochrome oxidase deficient homolog 2 [SCO1L]) (eg, mitochondrial respiratory chain complex IV deficiency), full gene sequence SDHC (succinate dehydrogenase complex, subunit C, integral membrane protein, 15kDa) (eg, hereditary paraganglioma-pheochromocytoma syndrome), duplication/deletion analysis SDHD (succinate dehydrogenase complex, subunit D, integral membrane protein) (eg, hereditary paraganglioma), full gene sequence SGCG							

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	(sarcoglycan, gamma [35kDa dystrophin-associated glycoprotein]) (eg, limb-girdle muscular dystrophy), duplication/deletion analysis SH2D1A (SH2 domain containing 1A) (eg, X-linked lymphoproliferative syndrome), full gene sequence SLC16A2 (solute carrier family 16, member 2 [thyroid hormone transporter]) (eg, specific thyroid hormone cell transporter deficiency, Allan-Herndon-Dudley syndrome), duplication/deletion analysis SLC25A20 (solute carrier family 25 [carnitine/acylcarnitine translocase], member 20) (eg, carnitine-acylcarnitine translocase deficiency), duplication/deletion analysis SLC25A4 (solute carrier family 25 [mitochondrial carrier; adenine nucleotide translocator], member 4) (eg, progressive external ophthalmoplegia), full gene sequence SOD1 (superoxide dismutase 1, soluble) (eg, amyotrophic lateral sclerosis), full gene sequence SPINK1 (serine peptidase inhibitor, Kazal type 1) (eg, hereditary pancreatitis), full gene sequence STK11 (serine/threonine kinase 11) (eg, Peutz-Jeghers syndrome), duplication/deletion analysis TACO1 (translational activator of mitochondrial encoded cytochrome c oxidase I) (eg, mitochondrial respiratory chain complex IV deficiency), full gene sequence THAP1 (THAP domain containing, apoptosis associated protein 1) (eg, torsion dystonia), full gene sequence TOR1A (torsin family 1, member A [torsin A]) (eg, torsion dystonia), full gene sequence TP53 (tumor protein 53) (eg, tumor samples), targeted sequence analysis of 2-5 exons TTPA (tocopherol [alpha] transfer protein) (eg, ataxia), full gene sequence TTR (transthyretin) (eg, familial transthyretin amyloidosis), full gene sequence TWIST1 (twist homolog 1 [Drosophila]) (eg, Saethre-Chotzen syndrome), full gene sequence TYR (tyrosinase [oculocutaneous albinism IA]) (eg, oculocutaneous albinism IA), full gene sequence UGT1A1 (UDP glucuronosyltransferase 1 family, polypeptide A1) (eg, hereditary							

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	unconjugated hyperbilirubinemia [Crigler-Najjar syndrome]) full gene sequence USH1G (Usher syndrome 1G [autosomal recessive]) (eg, Usher syndrome, type 1), full gene sequence VHL (von Hippel-Lindau tumor suppressor) (eg, von Hippel-Lindau familial cancer syndrome), full gene sequence VWF (von Willebrand factor) (eg, von Willebrand disease type 1C), targeted sequence analysis (eg, exons 26, 27, 37) ZEB2 (zinc finger E-box binding homeobox 2) (eg, Mowat-Wilson syndrome), duplication/deletion analysis ZNF41 (zinc finger protein 41) (eg, X-linked mental retardation 89), full gene sequence							

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81405	Molecular pathology procedure, Level 6 (eg, analysis of 6-10 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 11-25 exons, regionally targeted cytogenomic array analysis) ABCD1 (ATP-binding cassette, sub-family D [ALD], member 1) (eg, adrenoleukodystrophy), full gene sequence ACADS (acyl-CoA dehydrogenase, C-2 to C-3 short chain) (eg, short chain acyl-CoA dehydrogenase deficiency), full gene sequence ACTA2 (actin, alpha 2, smooth muscle, aorta) (eg, thoracic aortic aneurysms and aortic dissections), full gene sequence ACTC1 (actin, alpha, cardiac muscle 1) (eg, familial hypertrophic cardiomyopathy), full gene sequence ANKRD1 (ankyrin repeat domain 1) (eg, dilated cardiomyopathy), full gene sequence APTX (aprataxin) (eg, ataxia with oculomotor apraxia 1), full gene sequence ARSA (arylsulfatase A) (eg, arylsulfatase A deficiency), full gene sequence BCKDHA (branched chain keto acid dehydrogenase E1, alpha polypeptide) (eg, maple syrup urine disease, type 1A), full gene sequence BCS1L (BCS1-like [S. cerevisiae]) (eg, Leigh syndrome, mitochondrial complex III deficiency, GRACILE syndrome), full gene sequence BMPR2 (bone morphogenetic protein receptor, type II [serine/threonine kinase]) (eg, heritable pulmonary arterial hypertension), duplication/deletion analysis CASQ2 (calsequestrin 2 [cardiac muscle]) (eg, catecholaminergic polymorphic ventricular tachycardia), full gene sequence CASR (calcium-sensing receptor) (eg, hypocalcemia), full gene sequence CDKL5 (cyclin-dependent kinase-like 5) (eg, early infantile epileptic encephalopathy), duplication/deletion analysis CHRNA4 (cholinergic receptor, nicotinic, alpha 4) (eg, nocturnal frontal lobe epilepsy), full gene sequence CHRNA2 (cholinergic receptor, nicotinic, beta 2 [neuronal]) (eg, nocturnal frontal lobe epilepsy), full gene sequence COX10	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>

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	(COX10 homolog, cytochrome c oxidase assembly protein) (eg, mitochondrial respiratory chain complex IV deficiency), full gene sequence COX15 (COX15 homolog, cytochrome c oxidase assembly protein) (eg, mitochondrial respiratory chain complex IV deficiency), full gene sequence CPOX (coproporphyrinogen oxidase) (eg, hereditary coproporphyrinuria), full gene sequence CTRC (chymotrypsin C) (eg, hereditary pancreatitis), full gene sequence CYP11B1 (cytochrome P450, family 11, subfamily B, polypeptide 1) (eg, congenital adrenal hyperplasia), full gene sequence CYP17A1 (cytochrome P450, family 17, subfamily A, polypeptide 1) (eg, congenital adrenal hyperplasia), full gene sequence CYP21A2 (cytochrome P450, family 21, subfamily A, polypeptide2) (eg, steroid 21-hydroxylase isoform, congenital adrenal hyperplasia), full gene sequence Cytogenomic constitutional targeted microarray analysis of chromosome 22q13 by interrogation of genomic regions for copy number and single nucleotide polymorphism (SNP) variants for chromosomal abnormalities (When performing genome-wide cytogenomic constitutional microarray analysis, see 81228, 81229) (Do not report analyte-specific molecular pathology procedures separately when the specific analytes are included as part of the microarray analysis of chromosome 22q13) (Do not report 88271 when performing cytogenomic microarray analysis) DBT (dihydrolipoamide branched chain transacylase E2) (eg, maple syrup urine disease, type 2), duplication/deletion analysis DCX (doublecortin) (eg, X-linked lissencephaly), full gene sequence DES (desmin) (eg, myofibrillar myopathy), full gene sequence DFNB59 (deafness, autosomal recessive 59) (eg, autosomal recessive nonsyndromic hearing impairment), full gene sequence DGUOK (deoxyguanosine kinase) (eg, hepatocerebral mitochondrial DNA depletion syndrome), full gene sequence DHCR7 (7-dehydrocholesterol							

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	<p>reductase) (eg, Smith-Lemli-Opitz syndrome), full gene sequence EIF2B2 (eukaryotic translation initiation factor 2B, subunit 2 beta, 39kDa) (eg, leukoencephalopathy with vanishing white matter), full gene sequence EMD (emerin) (eg, Emery-Dreifuss muscular dystrophy), full gene sequence ENG (endoglin) (eg, hereditary hemorrhagic telangiectasia, type 1), duplication/deletion analysis EYA1 (eyes absent homolog 1 [Drosophila]) (eg, branchio-oto-renal [BOR] spectrum disorders), duplication/deletion analysis FGFR1 (fibroblast growth factor receptor 1) (eg, Kallmann syndrome 2), full gene sequence FH (fumarate hydratase) (eg, fumarate hydratase deficiency, hereditary leiomyomatosis with renal cell cancer), full gene sequence FKTN (fukutin) (eg, limb-girdle muscular dystrophy [LGMD] type 2M or 2L), full gene sequence FTSJ1 (FtsJ RNA methyltransferase homolog 1 [E. coli]) (eg, X-linked mental retardation 9), duplication/deletion analysis GABRG2 (gamma-aminobutyric acid [GABA] A receptor, gamma 2) (eg, generalized epilepsy with febrile seizures), full gene sequence GCH1 (GTP cyclohydrolase 1) (eg, autosomal dominant dopa-responsive dystonia), full gene sequence GDAP1 (ganglioside-induced differentiation-associated protein 1) (eg, Charcot-Marie-Tooth disease), full gene sequence GFAP (glial fibrillary acidic protein) (eg, Alexander disease), full gene sequence GHR (growth hormone receptor) (eg, Laron syndrome), full gene sequence GHRHR (growth hormone releasing hormone receptor) (eg, growth hormone deficiency), full gene sequence GLA (galactosidase, alpha) (eg, Fabry disease), full gene sequence HNF1A (HNF1 homeobox A) (eg, maturity-onset diabetes of the young [MODY]), full gene sequence HNF1B (HNF1 homeobox B) (eg, maturity-onset diabetes of the young [MODY]), full gene sequence HTRA1 (HtrA serine peptidase 1) (eg, macular degeneration), full gene sequence IDS (iduronate 2-sulfatase) (eg, mucopolysaccharidosis, type II), full gene</p>							

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	sequence IL2RG (interleukin 2 receptor, gamma) (eg, X-linked severe combined immunodeficiency), full gene sequence ISPD (isoprenoid synthase domain containing) (eg, muscle-eye-brain disease, Walker-Warburg syndrome), full gene sequence KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, Noonan syndrome), full gene sequence LAMP2 (lysosomal-associated membrane protein 2) (eg, Danon disease), full gene sequence LDLR (low density lipoprotein receptor) (eg, familial hypercholesterolemia), duplication/deletion analysis MEN1 (multiple endocrine neoplasia I) (eg, multiple endocrine neoplasia type 1, Wermer syndrome), full gene sequence MMAA (methylmalonic aciduria [cobalamine deficiency] type A) (eg, MMAA-related methylmalonic acidemia), full gene sequence MMAB (methylmalonic aciduria [cobalamine deficiency] type B) (eg, MMAA-related methylmalonic acidemia), full gene sequence MPI (mannose phosphate isomerase) (eg, congenital disorder of glycosylation 1b), full gene sequence MPV17 (MpV17 mitochondrial inner membrane protein) (eg, mitochondrial DNA depletion syndrome), full gene sequence MPZ (myelin protein zero) (eg, Charcot-Marie-Tooth), full gene sequence MTM1 (myotubularin 1) (eg, X-linked centronuclear myopathy), duplication/deletion analysis MYL2 (myosin, light chain 2, regulatory, cardiac, slow) (eg, familial hypertrophic cardiomyopathy), full gene sequence MYL3 (myosin, light chain 3, alkali, ventricular, skeletal, slow) (eg, familial hypertrophic cardiomyopathy), full gene sequence MYOT (myotilin) (eg, limb-girdle muscular dystrophy), full gene sequence NDUFS7 (NADH dehydrogenase [ubiquinone] Fe-S protein 7, 20kDa [NADH-coenzyme Q reductase]) (eg, Leigh syndrome, mitochondrial complex I deficiency), full gene sequence NDUFS8 (NADH dehydrogenase [ubiquinone] Fe-S protein 8, 23kDa [NADH-coenzyme Q reductase]) (eg, Leigh syndrome, mitochondrial complex I							

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	deficiency), full gene sequence NDUFV1 (NADH dehydrogenase [ubiquinone] flavoprotein 1, 51kDa) (eg, Leigh syndrome, mitochondrial complex I deficiency), full gene sequence NEFL (neurofilament, light polypeptide) (eg, Charcot-Marie-Tooth), full gene sequence NF2 (neurofibromin 2 [merlin]) (eg, neurofibromatosis, type 2), duplication/deletion analysis NLGN3 (neuroligin 3) (eg, autism spectrum disorders), full gene sequence NLGN4X (neuroligin 4, X-linked) (eg, autism spectrum disorders), full gene sequence NPHP1 (nephronophthisis 1 [juvenile]) (eg, Joubert syndrome), deletion analysis, and duplication analysis, if performed NPHS2 (nephrosis 2, idiopathic, steroid-resistant [podocin]) (eg, steroid-resistant nephrotic syndrome), full gene sequence NSD1 (nuclear receptor binding SET domain protein 1) (eg, Sotos syndrome), duplication/deletion analysis OTC (ornithine carbamoyltransferase) (eg, ornithine transcarbamylase deficiency), full gene sequence PAFAH1B1 (platelet-activating factor acetylhydrolase 1b, regulatory subunit 1 [45kDa]) (eg, lissencephaly, Miller-Dieker syndrome), duplication/deletion analysis PARK2 (Parkinson protein 2, E3 ubiquitin protein ligase [parkin]) (eg, Parkinson disease), duplication/deletion analysis PCCA (propionyl CoA carboxylase, alpha polypeptide) (eg, propionic acidemia, type 1), duplication/deletion analysis PCDH19 (protocadherin 19) (eg, epileptic encephalopathy), full gene sequence PDHA1 (pyruvate dehydrogenase [lipoamide] alpha 1) (eg, lactic acidosis), duplication/deletion analysis PDHB (pyruvate dehydrogenase [lipoamide] beta) (eg, lactic acidosis), full gene sequence PINK1 (PTEN induced putative kinase 1) (eg, Parkinson disease), full gene sequence PKLR (pyruvate kinase, liver and RBC) (eg, pyruvate kinase deficiency), full gene sequence PLP1 (proteolipid protein 1) (eg, Pelizaeus-Merzbacher disease, spastic paraplegia), full gene sequence POU1F1 (POU class 1 homeobox 1) (eg, combined							



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	<p>pituitary hormone deficiency), full gene sequence PRX (periaxin) (eg, Charcot-Marie-Tooth disease), full gene sequence PQBP1 (polyglutamine binding protein 1) (eg, Renpenning syndrome), full gene sequence PSEN1 (presenilin 1) (eg, Alzheimer disease), full gene sequence RAB7A (RAB7A, member RAS oncogene family) (eg, Charcot-Marie-Tooth disease), full gene sequence RAI1 (retinoic acid induced 1) (eg, Smith-Magenis syndrome), full gene sequence REEP1 (receptor accessory protein 1) (eg, spastic paraplegia), full gene sequence RET (ret proto-oncogene) (eg, multiple endocrine neoplasia, type 2A and familial medullary thyroid carcinoma), targeted sequence analysis (eg, exons 10, 11, 13-16) RPS19 (ribosomal protein S19) (eg, Diamond-Blackfan anemia), full gene sequence RRM2B (ribonucleotide reductase M2 B [TP53 inducible]) (eg, mitochondrial DNA depletion), full gene sequence SCO1 (SCO cytochrome oxidase deficient homolog 1) (eg, mitochondrial respiratory chain complex IV deficiency), full gene sequence SDHB (succinate dehydrogenase complex, subunit B, iron sulfur) (eg, hereditary paraganglioma), full gene sequence SDHC (succinate dehydrogenase complex, subunit C, integral membrane protein, 15kDa) (eg, hereditary paraganglioma-pheochromocytoma syndrome), full gene sequence SGCA (sarcoglycan, alpha [50kDa dystrophin-associated glycoprotein]) (eg, limb-girdle muscular dystrophy), full gene sequence SGCB (sarcoglycan, beta [43kDa dystrophin-associated glycoprotein]) (eg, limb-girdle muscular dystrophy), full gene sequence SGCD (sarcoglycan, delta [35kDa dystrophin-associated glycoprotein]) (eg, limb-girdle muscular dystrophy), full gene sequence SGCE (sarcoglycan, epsilon) (eg, myoclonic dystonia), duplication/deletion analysis SGCG (sarcoglycan, gamma [35kDa dystrophin-associated glycoprotein]) (eg, limb-girdle muscular dystrophy), full gene sequence SHOC2 (soc-2</p>							

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	<p>suppressor of clear homolog) (eg, Noonan-like syndrome with loose anagen hair), full gene sequence SHOX (short stature homeobox) (eg, Langer mesomelic dysplasia), full gene sequence SIL1 (SIL1 homolog, endoplasmic reticulum chaperone [<i>S. cerevisiae</i>]) (eg, ataxia), full gene sequence SLC2A1 (solute carrier family 2 [facilitated glucose transporter], member 1) (eg, glucose transporter type 1 [GLUT 1] deficiency syndrome), full gene sequence SLC16A2 (solute carrier family 16, member 2 [thyroid hormone transporter]) (eg, specific thyroid hormone cell transporter deficiency, Allan-Herndon-Dudley syndrome), full gene sequence SLC22A5 (solute carrier family 22 [organic cation/carnitine transporter], member 5) (eg, systemic primary carnitine deficiency), full gene sequence SLC25A20 (solute carrier family 25 [carnitine/acylcarnitine translocase], member 20) (eg, carnitine-acylcarnitine translocase deficiency), full gene sequence SMAD4 (SMAD family member 4) (eg, hemorrhagic telangiectasia syndrome, juvenile polyposis), duplication/deletion analysis SPAST (spastin) (eg, spastic paraplegia), duplication/deletion analysis SPG7 (spastic paraplegia 7 [pure and complicated autosomal recessive]) (eg, spastic paraplegia), duplication/deletion analysis SPRED1 (sprouty-related, EVH1 domain containing 1) (eg, Legius syndrome), full gene sequence STAT3 (signal transducer and activator of transcription 3 [acute-phase response factor]) (eg, autosomal dominant hyper-IgE syndrome), targeted sequence analysis (eg, exons 12, 13, 14, 16, 17, 20, 21) STK11 (serine/threonine kinase 11) (eg, Peutz-Jeghers syndrome), full gene sequence SURF1 (surfeit 1) (eg, mitochondrial respiratory chain complex IV deficiency), full gene sequence TARDBP (TAR DNA binding protein) (eg, amyotrophic lateral sclerosis), full gene sequence TBX5 (T-box 5) (eg, Holt-Oram syndrome), full gene sequence TCF4 (transcription factor 4) (eg, Pitt-Hopkins</p>							

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	syndrome), duplication/deletion analysis TGFBR1 (transforming growth factor, beta receptor 1) (eg, Marfan syndrome), full gene sequence TGFBR2 (transforming growth factor, beta receptor 2) (eg, Marfan syndrome), full gene sequence THRB (thyroid hormone receptor, beta) (eg, thyroid hormone resistance, thyroid hormone beta receptor deficiency), full gene sequence or targeted sequence analysis of >5 exons TK2 (thymidine kinase 2, mitochondrial) (eg, mitochondrial DNA depletion syndrome), full gene sequence TNNC1 (troponin C type 1 [slow]) (eg, hypertrophic cardiomyopathy or dilated cardiomyopathy), full gene sequence TNNI3 (troponin I, type 3 [cardiac]) (eg, familial hypertrophic cardiomyopathy), full gene sequence TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome, tumor samples), full gene sequence or targeted sequence analysis of >5 exons TPM1 (tropomyosin 1 [alpha]) (eg, familial hypertrophic cardiomyopathy), full gene sequence TSC1 (tuberous sclerosis 1) (eg, tuberous sclerosis), duplication/deletion analysis TYMP (thymidine phosphorylase) (eg, mitochondrial DNA depletion syndrome), full gene sequence VWF (von Willebrand factor) (eg, von Willebrand disease type 2N), targeted sequence analysis (eg, exons 18-20, 23-25) WT1 (Wilms tumor 1) (eg, Denys-Drash syndrome, familial Wilms tumor), full gene sequence ZEB2 (zinc finger E-box binding homeobox 2) (eg, Mowat-Wilson syndrome), full gene sequence							

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81406	Molecular pathology procedure, Level 7 (eg, analysis of 11-25 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 26-50 exons) ACADVL (acyl-CoA dehydrogenase, very long chain) (eg, very long chain acyl-coenzyme A dehydrogenase deficiency), full gene sequence ACTN4 (actinin, alpha 4) (eg, focal segmental glomerulosclerosis), full gene sequence AFG3L2 (AFG3 ATPase family gene 3-like 2 [S. cerevisiae]) (eg, spinocerebellar ataxia), full gene sequence AIRE (autoimmune regulator) (eg, autoimmune polyendocrinopathy syndrome type 1), full gene sequence ALDH7A1 (aldehyde dehydrogenase 7 family, member A1) (eg, pyridoxine-dependent epilepsy), full gene sequence ANO5 (anoctamin 5) (eg, limb-girdle muscular dystrophy), full gene sequence ANOS1 (anosmin-1) (eg, Kallmann syndrome 1), full gene sequence APP (amyloid beta [A4] precursor protein) (eg, Alzheimer disease), full gene sequence ASS1 (argininosuccinate synthase 1) (eg, citrullinemia type I), full gene sequence ATL1 (atlastin GTPase 1) (eg, spastic paraplegia), full gene sequence ATP1A2 (ATPase, Na+/K+ transporting, alpha 2 polypeptide) (eg, familial hemiplegic migraine), full gene sequence ATP7B (ATPase, Cu++ transporting, beta polypeptide) (eg, Wilson disease), full gene sequence BBS1 (Bardet-Biedl syndrome 1) (eg, Bardet-Biedl syndrome), full gene sequence BBS2 (Bardet-Biedl syndrome 2) (eg, Bardet-Biedl syndrome), full gene sequence BCKDHB (branched-chain keto acid dehydrogenase E1, beta polypeptide) (eg, maple syrup urine disease, type 1B), full gene sequence BEST1 (bestrophin 1) (eg, vitelliform macular dystrophy), full gene sequence BMPR2 (bone morphogenetic protein receptor, type II [serine/threonine kinase]) (eg, heritable pulmonary arterial hypertension), full gene sequence BRAF (B-Raf proto-oncogene, serine/threonine kinase) (eg, Noonan syndrome),	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>

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	full gene sequence BSCL2 (Berardinelli-Seip congenital lipodystrophy 2 [seipin]) (eg, Berardinelli-Seip congenital lipodystrophy), full gene sequence BTK (Bruton agammaglobulinemia tyrosine kinase) (eg, X-linked agammaglobulinemia), full gene sequence CACNB2 (calcium channel, voltage-dependent, beta 2 subunit) (eg, Brugada syndrome), full gene sequence CAPN3 (calpain 3) (eg, limb-girdle muscular dystrophy [LGMD] type 2A, calpainopathy), full gene sequence CBS (cystathionine-beta-synthase) (eg, homocystinuria, cystathionine beta-synthase deficiency), full gene sequence CDH1 (cadherin 1, type 1, E-cadherin [epithelial]) (eg, hereditary diffuse gastric cancer), full gene sequence CDKL5 (cyclin-dependent kinase-like 5) (eg, early infantile epileptic encephalopathy), full gene sequence CLCN1 (chloride channel 1, skeletal muscle) (eg, myotonia congenita), full gene sequence CLCNKB (chloride channel, voltage-sensitive Kb) (eg, Bartter syndrome 3 and 4b), full gene sequence CNTNAP2 (contactin-associated protein-like 2) (eg, Pitt-Hopkins-like syndrome 1), full gene sequence COL6A2 (collagen, type VI, alpha 2) (eg, collagen type VI-related disorders), duplication/deletion analysis CPT1A (carnitine palmitoyltransferase 1A [liver]) (eg, carnitine palmitoyltransferase 1A [CPT1A] deficiency), full gene sequence CRB1 (crumbs homolog 1 [Drosophila]) (eg, Leber congenital amaurosis), full gene sequence CREBBP (CREB binding protein) (eg, Rubinstein-Taybi syndrome), duplication/deletion analysis DBT (dihydrolipoamide branched chain transacylase E2) (eg, maple syrup urine disease, type 2), full gene sequence DLAT (dihydrolipoamide S-acetyltransferase) (eg, pyruvate dehydrogenase E2 deficiency), full gene sequence DLD (dihydrolipoamide dehydrogenase) (eg, maple syrup urine disease, type III), full gene sequence DSC2 (desmocollin) (eg, arrhythmogenic right ventricular dysplasia/cardiomyopathy 11), full							

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	gene sequence DSG2 (desmoglein 2) (eg, arrhythmogenic right ventricular dysplasia/cardiomyopathy 10), full gene sequence DSP (desmoplakin) (eg, arrhythmogenic right ventricular dysplasia/cardiomyopathy 8), full gene sequence EFHC1 (EF-hand domain [C-terminal] containing 1) (eg, juvenile myoclonic epilepsy), full gene sequence EIF2B3 (eukaryotic translation initiation factor 2B, subunit 3 gamma, 58kDa) (eg, leukoencephalopathy with vanishing white matter), full gene sequence EIF2B4 (eukaryotic translation initiation factor 2B, subunit 4 delta, 67kDa) (eg, leukoencephalopathy with vanishing white matter), full gene sequence EIF2B5 (eukaryotic translation initiation factor 2B, subunit 5 epsilon, 82kDa) (eg, childhood ataxia with central nervous system hypomyelination/vanishing white matter), full gene sequence ENG (endoglin) (eg, hereditary hemorrhagic telangiectasia, type 1), full gene sequence EYA1 (eyes absent homolog 1 [Drosophila]) (eg, branchio-oto-renal [BOR] spectrum disorders), full gene sequence F8 (coagulation factor VIII) (eg, hemophilia A), duplication/deletion analysis FAH (fumarylacetoacetate hydrolase [fumarylacetoacetase]) (eg, tyrosinemia, type 1), full gene sequence FASTKD2 (FAST kinase domains 2) (eg, mitochondrial respiratory chain complex IV deficiency), full gene sequence FIG4 (FIG4 homolog, SAC1 lipid phosphatase domain containing [S. cerevisiae]) (eg, Charcot-Marie-Tooth disease), full gene sequence FTSJ1 (FtsJ RNA methyltransferase homolog 1 [E. coli]) (eg, X-linked mental retardation 9), full gene sequence FUS (fused in sarcoma) (eg, amyotrophic lateral sclerosis), full gene sequence GAA (glucosidase, alpha; acid) (eg, glycogen storage disease type II [Pompe disease]), full gene sequence GALC (galactosylceramidase) (eg, Krabbe disease), full gene sequence GALT (galactose-1-phosphate uridylyltransferase) (eg, galactosemia), full gene							

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	sequence GARS (glycyl-tRNA synthetase) (eg, Charcot-Marie-Tooth disease), full gene sequence GCDH (glutaryl-CoA dehydrogenase) (eg, glutaricacidemia type 1), full gene sequence GCK (glucokinase [hexokinase 4]) (eg, maturity-onset diabetes of the young [MODY]), full gene sequence GLUD1 (glutamate dehydrogenase 1) (eg, familial hyperinsulinism), full gene sequence GNE (glucosamine [UDP-N-acetyl]-2-epimerase/N-acetylmannosamine kinase) (eg, inclusion body myopathy 2 [IBM2], Nonaka myopathy), full gene sequence GRN (granulin) (eg, frontotemporal dementia), full gene sequence HADHA (hydroxyacyl-CoA dehydrogenase/3-ketoacyl-CoA thiolase/enoyl-CoA hydratase [trifunctional protein] alpha subunit) (eg, long chain acyl-coenzyme A dehydrogenase deficiency), full gene sequence HADHB (hydroxyacyl-CoA dehydrogenase/3-ketoacyl-CoA thiolase/enoyl-CoA hydratase [trifunctional protein], beta subunit) (eg, trifunctional protein deficiency), full gene sequence HEXA (hexosaminidase A, alpha polypeptide) (eg, Tay-Sachs disease), full gene sequence HLCS (HLCS holocarboxylase synthetase) (eg, holocarboxylase synthetase deficiency), full gene sequence HMBS (hydroxymethylbilane synthase) (eg, acute intermittent porphyria), full gene sequence HNF4A (hepatocyte nuclear factor 4, alpha) (eg, maturity-onset diabetes of the young [MODY]), full gene sequence IDUA (iduronidase, alpha-L-) (eg, mucopolysaccharidosis type I), full gene sequence INF2 (inverted formin, FH2 and WH2 domain containing) (eg, focal segmental glomerulosclerosis), full gene sequence IVD (isovaleryl-CoA dehydrogenase) (eg, isovaleric acidemia), full gene sequence JAG1 (jagged 1) (eg, Alagille syndrome), duplication/deletion analysis JUP (junction plakoglobin) (eg, arrhythmogenic right ventricular dysplasia/cardiomyopathy 11), full gene sequence KCNH2 (potassium voltage-gated							

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	channel, subfamily H [eag-related], member 2) (eg, short QT syndrome, long QT syndrome), full gene sequence KCNQ1 (potassium voltage-gated channel, KQT-like subfamily, member 1) (eg, short QT syndrome, long QT syndrome), full gene sequence KCNQ2 (potassium voltage-gated channel, KQT-like subfamily, member 2) (eg, epileptic encephalopathy), full gene sequence LDB3 (LIM domain binding 3) (eg, familial dilated cardiomyopathy, myofibrillar myopathy), full gene sequence LDLR (low density lipoprotein receptor) (eg, familial hypercholesterolemia), full gene sequence LEPR (leptin receptor) (eg, obesity with hypogonadism), full gene sequence LHCGR (luteinizing hormone/choriogonadotropin receptor) (eg, precocious male puberty), full gene sequence LMNA (lamin A/C) (eg, Emery-Dreifuss muscular dystrophy [EDMD1, 2 and 3] limb-girdle muscular dystrophy [LGMD] type 1B, dilated cardiomyopathy [CMD1A], familial partial lipodystrophy [FPLD2]), full gene sequence LRP5 (low density lipoprotein receptor-related protein 5) (eg, osteopetrosis), full gene sequence MAP2K1 (mitogen-activated protein kinase 1) (eg, cardiofaciocutaneous syndrome), full gene sequence MAP2K2 (mitogen-activated protein kinase 2) (eg, cardiofaciocutaneous syndrome), full gene sequence MAPT (microtubule- associated protein tau) (eg, frontotemporal dementia), full gene sequence MCCC1 (methylcrotonoyl-CoA carboxylase 1 [alpha]) (eg, 3-methylcrotonoyl-CoA carboxylase deficiency), full gene sequence MCCC2 (methylcrotonoyl-CoA carboxylase 2 [beta]) (eg, 3-methylcrotonyl carboxylase deficiency), full gene sequence MFN2 (mitofusin 2) (eg, Charcot-Marie-Tooth disease), full gene sequence MTM1 (myotubularin 1) (eg, X-linked centronuclear myopathy), full gene sequence MUT (methylmalonyl CoA mutase) (eg, methylmalonic acidemia), full gene sequence MUTYH (mutY homolog [E. coli]) (eg, MYH-associated polyposis), full gene sequence NDUFS1 (NADH							



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	dehydrogenase [ubiquinone] Fe-S protein 1, 75kDa [NADH-coenzyme Q reductase]) (eg, Leigh syndrome, mitochondrial complex I deficiency), full gene sequence NF2 (neurofibromin 2 [merlin]) (eg, neurofibromatosis, type 2), full gene sequence NOTCH3 (notch 3) (eg, cerebral autosomal dominant arteriopathy with subcortical infarcts and leukoencephalopathy [CADASIL]), targeted sequence analysis (eg, exons 1-23) NPC1 (Niemann-Pick disease, type C1) (eg, Niemann-Pick disease), full gene sequence NPHP1 (nephronophthisis 1 [juvenile]) (eg, Joubert syndrome), full gene sequence NSD1 (nuclear receptor binding SET domain protein 1) (eg, Sotos syndrome), full gene sequence OPA1 (optic atrophy 1) (eg, optic atrophy), duplication/deletion analysis OPTN (optineurin) (eg, amyotrophic lateral sclerosis), full gene sequence PAFAH1B1 (platelet-activating factor acetylhydrolase 1b, regulatory subunit 1 [45kDa]) (eg, lissencephaly, Miller-Dieker syndrome), full gene sequence PAH (phenylalanine hydroxylase) (eg, phenylketonuria), full gene sequence PARK2 (Parkinson protein 2, E3 ubiquitin protein ligase [parkin]) (eg, Parkinson disease), full gene sequence PAX2 (paired box 2) (eg, renal coloboma syndrome), full gene sequence PC (pyruvate carboxylase) (eg, pyruvate carboxylase deficiency), full gene sequence PCCA (propionyl CoA carboxylase, alpha polypeptide) (eg, propionic acidemia, type 1), full gene sequence PCCB (propionyl CoA carboxylase, beta polypeptide) (eg, propionic acidemia), full gene sequence PCDH15 (protocadherin-related 15) (eg, Usher syndrome type 1F), duplication/deletion analysis PCSK9 (proprotein convertase subtilisin/kexin type 9) (eg, familial hypercholesterolemia), full gene sequence PDHA1 (pyruvate dehydrogenase [lipoamide] alpha 1) (eg, lactic acidosis), full gene sequence PDHX (pyruvate dehydrogenase complex, component X) (eg, lactic acidosis), full gene							

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	sequence PHEX (phosphate-regulating endopeptidase homolog, X-linked) (eg, hypophosphatemic rickets), full gene sequence PKD2 (polycystic kidney disease 2 [autosomal dominant]) (eg, polycystic kidney disease), full gene sequence PKP2 (plakophilin 2) (eg, arrhythmogenic right ventricular dysplasia/cardiomyopathy 9), full gene sequence PNKD (paroxysmal nonkinesigenic dyskinesia) (eg, paroxysmal nonkinesigenic dyskinesia), full gene sequence POLG (polymerase [DNA directed], gamma) (eg, Alpers-Huttenlocher syndrome, autosomal dominant progressive external ophthalmoplegia), full gene sequence POMGNT1 (protein O-linked mannose beta1,2-N acetylglucosaminyltransferase) (eg, muscle-eye-brain disease, Walker-Warburg syndrome), full gene sequence POMT1 (protein-O-mannosyltransferase 1) (eg, limb-girdle muscular dystrophy [LGMD] type 2K, Walker-Warburg syndrome), full gene sequence POMT2 (protein-O-mannosyltransferase 2) (eg, limb-girdle muscular dystrophy [LGMD] type 2N, Walker-Warburg syndrome), full gene sequence PPOX (protoporphyrinogen oxidase) (eg, variegate porphyria), full gene sequence PRKAG2 (protein kinase, AMP-activated, gamma 2 non-catalytic subunit) (eg, familial hypertrophic cardiomyopathy with Wolff-Parkinson-White syndrome, lethal congenital glycogen storage disease of heart), full gene sequence PRKCG (protein kinase C, gamma) (eg, spinocerebellar ataxia), full gene sequence PSEN2 (presenilin 2 [Alzheimer disease 4]) (eg, Alzheimer disease), full gene sequence PTPN11 (protein tyrosine phosphatase, non-receptor type 11) (eg, Noonan syndrome, LEOPARD syndrome), full gene sequence PYGM (phosphorylase, glycogen, muscle) (eg, glycogen storage disease type V, McArdle disease), full gene sequence RAF1 (v-raf-1 murine leukemia viral oncogene homolog 1) (eg, LEOPARD syndrome), full gene sequence RET (ret proto-oncogene) (eg, Hirschsprung disease), full gene							

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	sequence RPE65 (retinal pigment epithelium-specific protein 65kDa) (eg, retinitis pigmentosa, Leber congenital amaurosis), full gene sequence RYR1 (ryanodine receptor 1, skeletal) (eg, malignant hyperthermia), targeted sequence analysis of exons with functionally-confirmed mutations SCN4A (sodium channel, voltage-gated, type IV, alpha subunit) (eg, hyperkalemic periodic paralysis), full gene sequence SCNN1A (sodium channel, nonvoltage-gated 1 alpha) (eg, pseudohypoaldosteronism), full gene sequence SCNN1B (sodium channel, nonvoltage-gated 1, beta) (eg, Liddle syndrome, pseudohypoaldosteronism), full gene sequence SCNN1G (sodium channel, nonvoltage-gated 1, gamma) (eg, Liddle syndrome, pseudohypoaldosteronism), full gene sequence SDHA (succinate dehydrogenase complex, subunit A, flavoprotein [Fp]) (eg, Leigh syndrome, mitochondrial complex II deficiency), full gene sequence SETX (senataxin) (eg, ataxia), full gene sequence SGCE (sarcoglycan, epsilon) (eg, myoclonic dystonia), full gene sequence SH3TC2 (SH3 domain and tetratricopeptide repeats 2) (eg, Charcot-Marie-Tooth disease), full gene sequence SLC9A6 (solute carrier family 9 [sodium/hydrogen exchanger], member 6) (eg, Christianson syndrome), full gene sequence SLC26A4 (solute carrier family 26, member 4) (eg, Pendred syndrome), full gene sequence SLC37A4 (solute carrier family 37 [glucose-6-phosphate transporter], member 4) (eg, glycogen storage disease type Ib), full gene sequence SMAD4 (SMAD family member 4) (eg, hemorrhagic telangiectasia syndrome, juvenile polyposis), full gene sequence SOS1 (son of sevenless homolog 1) (eg, Noonan syndrome, gingival fibromatosis), full gene sequence SPAST (spastin) (eg, spastic paraplegia), full gene sequence SPG7 (spastic paraplegia 7 [pure and complicated autosomal recessive]) (eg, spastic paraplegia), full gene sequence STXBP1 (syntaxin-binding protein 1) (eg, epileptic							

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	encephalopathy), full gene sequence TAZ (tafazzin) (eg, methylglutaconic aciduria type 2, Barth syndrome), full gene sequence TCF4 (transcription factor 4) (eg, Pitt-Hopkins syndrome), full gene sequence TH (tyrosine hydroxylase) (eg, Segawa syndrome), full gene sequence TMEM43 (transmembrane protein 43) (eg, arrhythmogenic right ventricular cardiomyopathy), full gene sequence TNNT2 (troponin T, type 2 [cardiac]) (eg, familial hypertrophic cardiomyopathy), full gene sequence TRPC6 (transient receptor potential cation channel, subfamily C, member 6) (eg, focal segmental glomerulosclerosis), full gene sequence TSC1 (tuberous sclerosis 1) (eg, tuberous sclerosis), full gene sequence TSC2 (tuberous sclerosis 2) (eg, tuberous sclerosis), duplication/deletion analysis UBE3A (ubiquitin protein ligase E3A) (eg, Angelman syndrome), full gene sequence UMOD (uromodulin) (eg, glomerulocystic kidney disease with hyperuricemia and isosthenuria), full gene sequence VWF (von Willebrand factor) (von Willebrand disease type 2A), extended targeted sequence analysis (eg, exons 11-16, 24-26, 51, 52) WAS (Wiskott-Aldrich syndrome [eczema-thrombocytopenia]) (eg, Wiskott-Aldrich syndrome), full gene sequence							

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81407	Molecular pathology procedure, Level 8 (eg, analysis of 26-50 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of >50 exons, sequence analysis of multiple genes on one platform) ABCC8 (ATP-binding cassette, sub-family C [CFTR/MRP], member 8) (eg, familial hyperinsulinism), full gene sequence AGL (amylo-alpha-1, 6-glucosidase, 4-alpha-glucanotransferase) (eg, glycogen storage disease type III), full gene sequence AHI1 (Abelson helper integration site 1) (eg, Joubert syndrome), full gene sequence APOB (apolipoprotein B) (eg, familial hypercholesterolemia type B) full gene sequence ASPM (asp [abnormal spindle] homolog, microcephaly associated [Drosophila]) (eg, primary microcephaly), full gene sequence CHD7 (chromodomain helicase DNA binding protein 7) (eg, CHARGE syndrome), full gene sequence COL4A4 (collagen, type IV, alpha 4) (eg, Alport syndrome), full gene sequence COL4A5 (collagen, type IV, alpha 5) (eg, Alport syndrome), duplication/deletion analysis COL6A1 (collagen, type VI, alpha 1) (eg, collagen type VI-related disorders), full gene sequence COL6A2 (collagen, type VI, alpha 2) (eg, collagen type VI-related disorders), full gene sequence COL6A3 (collagen, type VI, alpha 3) (eg, collagen type VI-related disorders), full gene sequence CREBBP (CREB binding protein) (eg, Rubinstein-Taybi syndrome), full gene sequence F8 (coagulation factor VIII) (eg, hemophilia A), full gene sequence JAG1 (jagged 1) (eg, Alagille syndrome), full gene sequence KDM5C (lysine [K]-specific demethylase 5C) (eg, X-linked mental retardation), full gene sequence KIAA0196 (KIAA0196) (eg, spastic paraplegia), full gene sequence L1CAM (L1 cell adhesion molecule) (eg, MASA syndrome, X-linked hydrocephaly), full gene sequence LAMB2 (laminin, beta 2 [laminin S]) (eg, Pierson syndrome), full gene sequence	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>

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	MYBPC3 (myosin binding protein C, cardiac) (eg, familial hypertrophic cardiomyopathy), full gene sequence MYH6 (myosin, heavy chain 6, cardiac muscle, alpha) (eg, familial dilated cardiomyopathy), full gene sequence MYH7 (myosin, heavy chain 7, cardiac muscle, beta) (eg, familial hypertrophic cardiomyopathy, Liang distal myopathy), full gene sequence MYO7A (myosin VIIA) (eg, Usher syndrome, type 1), full gene sequence NOTCH1 (notch 1) (eg, aortic valve disease), full gene sequence NPHS1 (nephrosis 1, congenital, Finnish type [nephtrin]) (eg, congenital Finnish nephrosis), full gene sequence OPA1 (optic atrophy 1) (eg, optic atrophy), full gene sequence PCDH15 (protocadherin-related 15) (eg, Usher syndrome, type 1), full gene sequence PKD1 (polycystic kidney disease 1 [autosomal dominant]) (eg, polycystic kidney disease), full gene sequence PLCE1 (phospholipase C, epsilon 1) (eg, nephrotic syndrome type 3), full gene sequence SCN1A (sodium channel, voltage-gated, type 1, alpha subunit) (eg, generalized epilepsy with febrile seizures), full gene sequence SCN5A (sodium channel, voltage-gated, type V, alpha subunit) (eg, familial dilated cardiomyopathy), full gene sequence SLC12A1 (solute carrier family 12 [sodium/potassium/chloride transporters], member 1) (eg, Bartter syndrome), full gene sequence SLC12A3 (solute carrier family 12 [sodium/chloride transporters], member 3) (eg, Gitelman syndrome), full gene sequence SPG11 (spastic paraplegia 11 [autosomal recessive]) (eg, spastic paraplegia), full gene sequence SPTBN2 (spectrin, beta, non-erythrocytic 2) (eg, spinocerebellar ataxia), full gene sequence TMEM67 (transmembrane protein 67) (eg, Joubert syndrome), full gene sequence TSC2 (tuberous sclerosis 2) (eg, tuberous sclerosis), full gene sequence USH1C (Usher syndrome 1C [autosomal recessive, severe]) (eg, Usher syndrome, type 1), full gene sequence VPS13B (vacuolar protein sorting 13 homolog B [yeast])							

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	(eg, Cohen syndrome), duplication/deletion analysis WDR62 (WD repeat domain 62) (eg, primary autosomal recessive microcephaly), full gene sequence							

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81408	Molecular pathology procedure, Level 9 (eg, analysis of >50 exons in a single gene by DNA sequence analysis) ABCA4 (ATP-binding cassette, sub-family A [ABC1], member 4) (eg, Stargardt disease, age-related macular degeneration), full gene sequence ATM (ataxia telangiectasia mutated) (eg, ataxia telangiectasia), full gene sequence CDH23 (cadherin-related 23) (eg, Usher syndrome, type 1), full gene sequence CEP290 (centrosomal protein 290kDa) (eg, Joubert syndrome), full gene sequence COL1A1 (collagen, type I, alpha 1) (eg, osteogenesis imperfecta, type I), full gene sequence COL1A2 (collagen, type I, alpha 2) (eg, osteogenesis imperfecta, type I), full gene sequence COL4A1 (collagen, type IV, alpha 1) (eg, brain small-vessel disease with hemorrhage), full gene sequence COL4A3 (collagen, type IV, alpha 3 [Goodpasture antigen]) (eg, Alport syndrome), full gene sequence COL4A5 (collagen, type IV, alpha 5) (eg, Alport syndrome), full gene sequence DMD (dystrophin) (eg, Duchenne/Becker muscular dystrophy), full gene sequence DYSF (dysferlin, limb girdle muscular dystrophy 2B [autosomal recessive]) (eg, limb-girdle muscular dystrophy), full gene sequence FBN1 (fibrillin 1) (eg, Marfan syndrome), full gene sequence ITPR1 (inositol 1,4,5-trisphosphate receptor, type 1) (eg, spinocerebellar ataxia), full gene sequence LAMA2 (laminin, alpha 2) (eg, congenital muscular dystrophy), full gene sequence LRRK2 (leucine-rich repeat kinase 2) (eg, Parkinson disease), full gene sequence MYH11 (myosin, heavy chain 11, smooth muscle) (eg, thoracic aortic aneurysms and aortic dissections), full gene sequence NEB (nebulin) (eg, nemaline myopathy 2), full gene sequence NF1 (neurofibromin 1) (eg, neurofibromatosis, type 1), full gene sequence PKHD1 (polycystic kidney and hepatic disease 1) (eg, autosomal recessive polycystic kidney disease), full gene sequence RYR1 (ryanodine receptor 1, skeletal)	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>



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	(eg, malignant hyperthermia), full gene sequence RYR2 (ryanodine receptor 2 [cardiac]) (eg, catecholaminergic polymorphic ventricular tachycardia, arrhythmogenic right ventricular dysplasia), full gene sequence or targeted sequence analysis of > 50 exons USH2A (Usher syndrome 2A [autosomal recessive, mild]) (eg, Usher syndrome, type 2), full gene sequence VPS13B (vacuolar protein sorting 13 homolog B [yeast]) (eg, Cohen syndrome), full gene sequence VWF (von Willebrand factor) (eg, von Willebrand disease types 1 and 3), full gene sequence							
86152	Cell enumeration using immunologic selection and identification in fluid specimen (eg, circulating tumor cells in blood);	Apr 2012	Cell Enumeration Circulating Tumor Cells	25	CPT 2013	October 2016	Remove from list, part of CLFS.	☑
86153	Cell enumeration using immunologic selection and identification in fluid specimen (eg, circulating tumor cells in blood); physician interpretation and report, when required	Apr 2012	Cell Enumeration Circulating Tumor Cells	25	CPT 2013	October 2016	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
88363	Examination and selection of retrieved archival (ie, previously diagnosed) tissue(s) for molecular analysis (eg, KRAS mutational analysis)	Feb 2010	Archival Retrieval for Mutational Analysis	17	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
88375	Optical endomicroscopic image(s), interpretation and report, real-time or referred, each endoscopic session	Jan 2013	Optical Endomicroscopy	15	CPT 2014	October 2017	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
88380	Microdissection (ie, sample preparation of microscopically identified target); laser capture	Feb 2007	Manual Microdissection	12	CPT 2008	September 2011	Survey for January 2014 (added 88380 as part of the family).	☑

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88381	Microdissection (ie, sample preparation of microscopically identified target); manual	Feb 2007	Manual Microdissection	12	CPT 2008	September 2013	Survey for January 2014 (added 88380 as part of the family).	☑
88384	Code Deleted	Apr 2005	Multiple Molecular Marker Array-Based Evaluation	30	CPT 2006	September 2010	Remove, code does not need to be re-evaluated	☑
88385	Code Deleted	Apr 2005	Multiple Molecular Marker Array-Based Evaluation	30	CPT 2006	September 2010	Remove, code does not need to be re-evaluated	☑
88386	Code Deleted	Apr 2005	Multiple Molecular Marker Array-Based Evaluation	30	CPT 2006	September 2010	Remove, code does not need to be re-evaluated	☑
88387	Macroscopic examination, dissection, and preparation of tissue for non-microscopic analytical studies (eg, nucleic acid-based molecular studies); each tissue preparation (eg, a single lymph node)	Apr 2009	Tissue Examination for Molecular Studies	21	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
88388	Macroscopic examination, dissection, and preparation of tissue for non-microscopic analytical studies (eg, nucleic acid-based molecular studies); in conjunction with a touch imprint, intraoperative consultation, or frozen section, each tissue preparation (eg, a single lymph node) (List separately in addition to code for primary procedure)	Apr 2009	Tissue Examination for Molecular Studies	21	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
90769	Code Deleted CPT 2009	Apr 2007	Immune Globulin Subcutaneous Infusion	H	CPT 2008	September 2011	Code Deleted CPT 2009	☑
90770	Code Deleted CPT 2009	Apr 2007	Immune Globulin Subcutaneous Infusion	H	CPT 2008	September 2011	Code Deleted CPT 2009	☑
90771	Code Deleted CPT 2009	Apr 2007	Immune Globulin Subcutaneous Infusion	H	CPT 2008	September 2011	Code Deleted CPT 2009	☑

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90867	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management	Feb 2011	Transcranial Magnetic Stimulation	15	CPT 2012	October 2021	Review utilization in 3 years (2018) and survey if utilization has increased significantly.	<input type="checkbox"/>
90868	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management, per session	Feb 2011	Transcranial Magnetic Stimulation	15	CPT 2012	October 2021	Review utilization in 3 years (2018) and survey if utilization has increased significantly.	<input type="checkbox"/>
90869	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent motor threshold re-determination with delivery and management	Feb 2011	Transcranial Magnetic Stimulation	15	CPT 2012	October 2021	Review utilization in 3 years (2018) and survey if utilization has increased significantly.	<input type="checkbox"/>
91112	Gastrointestinal transit and pressure measurement, stomach through colon, wireless capsule, with interpretation and report	Apr 2012	Wireless Motility Capsule	27	CPT 2013	October 2016	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
91117	Colon motility (manometric) study, minimum 6 hours continuous recording (including provocation tests, eg, meal, intracolonic balloon distension, pharmacologic agents, if performed), with interpretation and report	Apr 2010	Colon Motility	21	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	<input checked="" type="checkbox"/>
91200	Liver elastography, mechanically induced shear wave (eg, vibration), without imaging, with interpretation and report	April 2015	Liver Elastography	19	CPT 2016	January 2020	Surveyed for January 2020. Decreased.	<input checked="" type="checkbox"/>
92132	Scanning computerized ophthalmic diagnostic imaging, anterior segment, with interpretation and report, unilateral or bilateral	Apr 2010	Anterior Segment Imaging	22	CPT 2011	April 2015	Survey for October 2015. The RUC noted that it is the specialty societies decision whether 92133 and 92134 need to be surveyed with this service.	<input checked="" type="checkbox"/>

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92133	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; optic nerve	Apr 2010	Computerized Scanning Ophthalmology Diagnostic Imaging	23	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	<input checked="" type="checkbox"/>
92134	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; retina	Apr 2010	Computerized Scanning Ophthalmology Diagnostic Imaging	23	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	<input checked="" type="checkbox"/>
92145	Corneal hysteresis determination, by air impulse stimulation, unilateral or bilateral, with interpretation and report	Apr 2014	Corneal Hysteresis Determination	23	CPT 2015	October 2018	Survey for January 2019.	<input checked="" type="checkbox"/>
92227	Remote imaging for detection of retinal disease (eg, retinopathy in a patient with diabetes) with analysis and report under physician supervision, unilateral or bilateral	Oct 2019	Remote Retinal Imaging	09	CPT 2021	October 2024		<input type="checkbox"/>
92228	Remote imaging for monitoring and management of active retinal disease (eg, diabetic retinopathy) with physician review, interpretation and report, unilateral or bilateral	Apr 2010	Diabetic Retinopathy Imaging	24	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	<input checked="" type="checkbox"/>
92228	Remote imaging for monitoring and management of active retinal disease (eg, diabetic retinopathy) with physician review, interpretation and report, unilateral or bilateral	Oct 2019	Remote Retinal Imaging	09	CPT 2021	October 2024		<input type="checkbox"/>
9225X		Oct 2019	Remote Retinal Imaging	09	CPT 2021	October 2024		<input type="checkbox"/>
925X1		Apr 2019	Vestibular Evoked Myogenic Potential (VEMP) Testing	07	CPT 2021	October 2024		<input type="checkbox"/>
925X2		Apr 2019	Vestibular Evoked Myogenic Potential (VEMP) Testing	07	CPT 2021	October 2024		<input type="checkbox"/>

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925X3		Apr 2019	Vestibular Evoked Myogenic Potential (VEMP) Testing	07	CPT 2021	October 2024		<input type="checkbox"/>
93050	Arterial pressure waveform analysis for assessment of central arterial pressures, includes obtaining waveform(s), digitization and application of nonlinear mathematical transformations to determine central arterial pressures and augmentation index, with interpretation and report, upper extremity artery, non-invasive	Apr 2015	Arterial Pressure Waveform Analysis	20	CPT 2016	October 2021	Review in 2 years (October 2021)	<input type="checkbox"/>
93260	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; implantable subcutaneous lead defibrillator system	Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	October 2021	In October 2018, RUC recommended to review again after 3 more years of data (2021).	<input type="checkbox"/>
93261	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable subcutaneous lead defibrillator system	Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	October 2021	In October 2018, RUC recommended to review again after 3 more years of data (2021).	<input type="checkbox"/>
93264	Remote monitoring of a wireless pulmonary artery pressure sensor for up to 30 days, including at least weekly downloads of pulmonary artery pressure recordings, interpretation(s), trend analysis, and report(s) by a physician or other qualified health care professional	Jan 2018	Pulmonary Wireless Pressure Sensor Services	08	CPT 2019	October 2022		<input type="checkbox"/>

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93279	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead pacemaker system or leadless pacemaker system in one cardiac chamber	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>
93280	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead pacemaker system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>
93281	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead pacemaker system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>
93282	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead transvenous implantable defibrillator system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>

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93283	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead transvenous implantable defibrillator system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>
93284	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead transvenous implantable defibrillator system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>
93285	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; subcutaneous cardiac rhythm monitor system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>
93286	Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead pacemaker system, or leadless pacemaker system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>

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93287	Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead implantable defibrillator system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>
93288	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead pacemaker system, or leadless pacemaker system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>
93289	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead transvenous implantable defibrillator system, including analysis of heart rhythm derived data elements	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>
93290	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable cardiovascular physiologic monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>



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93291	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; subcutaneous cardiac rhythm monitor system, including heart rhythm derived data analysis	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>
93292	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; wearable defibrillator system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>
93293	Transtelephonic rhythm strip pacemaker evaluation(s) single, dual, or multiple lead pacemaker system, includes recording with and without magnet application with analysis, review and report(s) by a physician or other qualified health care professional, up to 90 days	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>
93294	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system, or leadless pacemaker system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>

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93295	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead implantable defibrillator system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>
93296	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system, leadless pacemaker system, or implantable defibrillator system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>
93297	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors, analysis, review(s) and report(s) by a physician or other qualified health care professional	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>
93298	Interrogation device evaluation(s), (remote) up to 30 days; subcutaneous cardiac rhythm monitor system, including analysis of recorded heart rhythm data, analysis, review(s) and report(s) by a physician or other qualified health care professional	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>

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93299	Code Deleted CPT 2020	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>
93462	Left heart catheterization by transseptal puncture through intact septum or by transapical puncture (List separately in addition to code for primary procedure)	Apr 2010	Diagnostic Cardiac Catheterization	26	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	<input checked="" type="checkbox"/>
93463	Pharmacologic agent administration (eg, inhaled nitric oxide, intravenous infusion of nitroprusside, dobutamine, milrinone, or other agent) including assessing hemodynamic measurements before, during, after and repeat pharmacologic agent administration, when performed (List separately in addition to code for primary procedure)	Apr 2010	Diagnostic Cardiac Catheterization	26	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	<input checked="" type="checkbox"/>
93464	Physiologic exercise study (eg, bicycle or arm ergometry) including assessing hemodynamic measurements before and after (List separately in addition to code for primary procedure)	Apr 2010	Diagnostic Cardiac Catheterization	26	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	<input checked="" type="checkbox"/>
93583	Percutaneous transcatheter septal reduction therapy (eg, alcohol septal ablation) including temporary pacemaker insertion when performed	Jan 2013	Percutaneous Alcohol Ablation of Septum	17	CPT 2014	October 2017	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
93590	Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, mitral valve	Jan 2016	Closure of Paravalvular Leak	22	CPT 2017	October 2020		<input type="checkbox"/>

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93591	Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, aortic valve	Jan 2016	Closure of Paravalvular Leak	22	CPT 2017	October 2020		<input type="checkbox"/>
93592	Percutaneous transcatheter closure of paravalvular leak; each additional occlusion device (List separately in addition to code for primary procedure)	Jan 2016	Closure of Paravalvular Leak	22	CPT 2017	October 2020		<input type="checkbox"/>
93644	Electrophysiologic evaluation of subcutaneous implantable defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)	Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	October 2021	In October 2018, RUC recommended to review again after 3 more years of data (2021).	<input type="checkbox"/>
93982	Code Deleted	Apr 2007	Wireless Pressure Sensor Implantation	25	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
93XX0		Jan 2020	External Extended ECG Monitoring	18	CPT 2021	October 2024		<input type="checkbox"/>
93XX1		Jan 2020	External Extended ECG Monitoring	18	CPT 2021	October 2024		<input type="checkbox"/>
93XX2		Jan 2020	External Extended ECG Monitoring	18	CPT 2021	October 2024		<input type="checkbox"/>
93XX3		Jan 2020	External Extended ECG Monitoring	18	CPT 2021	October 2024		<input type="checkbox"/>
93XX4		Jan 2020	External Extended ECG Monitoring	18	CPT 2021	October 2024		<input type="checkbox"/>
93XX5		Jan 2020	External Extended ECG Monitoring	18	CPT 2021	October 2024		<input type="checkbox"/>
93XX6		Jan 2020	External Extended ECG Monitoring	18	CPT 2021	October 2024		<input type="checkbox"/>

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93XX7		Jan 2020	External Extended ECG Monitoring	18	CPT 2021	October 2024		<input type="checkbox"/>
94011	Measurement of spirometric forced expiratory flows in an infant or child through 2 years of age	Apr 2009	Infant Pulmonary Function Testing	23	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
94012	Measurement of spirometric forced expiratory flows, before and after bronchodilator, in an infant or child through 2 years of age	Apr 2009	Infant Pulmonary Function Testing	23	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
94013	Measurement of lung volumes (ie, functional residual capacity [FRC], forced vital capacity [FVC], and expiratory reserve volume [ERV]) in an infant or child through 2 years of age	Apr 2009	Infant Pulmonary Function Testing	23	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
95700	Electroencephalogram (EEG) continuous recording, with video when performed, setup, patient education, and takedown when performed, administered in person by EEG technologist, minimum of 8 channels	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	October 2023		<input type="checkbox"/>
95705	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, 2-12 hours; unmonitored	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	October 2023		<input type="checkbox"/>
95706	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, 2-12 hours; with intermittent monitoring and maintenance	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	October 2023		<input type="checkbox"/>
95707	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, 2-12 hours; with continuous, real-time monitoring and maintenance	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	October 2023		<input type="checkbox"/>

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95708	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, each increment of 12-26 hours; unmonitored	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	October 2023		<input type="checkbox"/>
95709	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, each increment of 12-26 hours; with intermittent monitoring and maintenance	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	October 2023		<input type="checkbox"/>
95710	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, each increment of 12-26 hours; with continuous, real-time monitoring and maintenance	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	October 2023		<input type="checkbox"/>
95711	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12 hours; unmonitored	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	October 2023		<input type="checkbox"/>
95712	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12 hours; with intermittent monitoring and maintenance	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	October 2023		<input type="checkbox"/>
95713	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12 hours; with continuous, real-time monitoring and maintenance	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	October 2023		<input type="checkbox"/>
95714	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; unmonitored	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	October 2023		<input type="checkbox"/>
95715	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; with intermittent monitoring and maintenance	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	October 2023		<input type="checkbox"/>
95716	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; with continuous, real-time monitoring and maintenance	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	October 2023		<input type="checkbox"/>

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95717	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation and report, 2-12 hours of EEG recording; without video	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	October 2023		<input type="checkbox"/>
95718	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation and report, 2-12 hours of EEG recording; with video (VEEG)	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	October 2023		<input type="checkbox"/>
95719	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, each increment of greater than 12 hours, up to 26 hours of EEG recording, interpretation and report after each 24-hour period; without video	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	October 2023		<input type="checkbox"/>
95720	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, each increment of greater than 12 hours, up to 26 hours of EEG recording, interpretation and report after each 24-hour period; with video (VEEG)	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	October 2023		<input type="checkbox"/>
95721	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 36 hours, up to 60 hours of EEG recording, without video	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	October 2023		<input type="checkbox"/>

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95722	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 36 hours, up to 60 hours of EEG recording, with video (VEEG)	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	October 2023		<input type="checkbox"/>
95723	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 60 hours, up to 84 hours of EEG recording, without video	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	October 2023		<input type="checkbox"/>
95724	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 60 hours, up to 84 hours of EEG recording, with video (VEEG)	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	October 2023		<input type="checkbox"/>
95725	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 84 hours of EEG recording, without video	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	October 2023		<input type="checkbox"/>
95726	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 84 hours of EEG recording, with video (VEEG)	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	October 2023		<input type="checkbox"/>



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95800	Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time	Apr 2010	Sleep Testing	28	CPT 2011	October 2016	Survey for physician work and review direct practice expense inputs for April 2017. These services have continued to grow and the inclusion of the PACS workstation equipment was questioned.	<input checked="" type="checkbox"/>
95801	Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (eg, by airflow or peripheral arterial tone)	Apr 2010	Sleep Testing	28	CPT 2011	October 2016	Survey for physician work and review direct practice expense inputs for April 2017. These services have continued to grow and the inclusion of the PACS workstation equipment was questioned.	<input checked="" type="checkbox"/>
95803	Actigraphy testing, recording, analysis, interpretation, and report (minimum of 72 hours to 14 consecutive days of recording)	Apr 2008	Actigraphy Sleep Assessment	25	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
95806	Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort (eg, thoracoabdominal movement)	Apr 2010	Sleep Testing	28	CPT 2011	October 2016	Survey for physician work and review direct practice expense inputs for April 2017. These services have continued to grow and the inclusion of the PACS workstation equipment was questioned.	<input checked="" type="checkbox"/>
95836	Electrocorticogram from an implanted brain neurostimulator pulse generator/transmitter, including recording, with interpretation and written report, up to 30 days	Jan 2018	Electrocorticography	18	CPT 2019	October 2022		<input type="checkbox"/>

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95905	Motor and/or sensory nerve conduction, using preconfigured electrode array(s), amplitude and latency/velocity study, each limb, includes F-wave study when performed, with interpretation and report	Feb 2009	Nerve Conduction Tests	18	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
95940	Continuous intraoperative neurophysiology monitoring in the operating room, one on one monitoring requiring personal attendance, each 15 minutes (List separately in addition to code for primary procedure)	Jan 2012	Intraoperative Neurophysiology Monitoring	12	CPT 2013	October 2016	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
95941	Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby) or for monitoring of more than one case while in the operating room, per hour (List separately in addition to code for primary procedure)	Jan 2012	Intraoperative Neurophysiology Monitoring	12	CPT 2013	October 2016	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
95980	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; intraoperative, with programming	Apr 2007	Electronic Analysis of Implanted Neurostimulator Pulse Generator System	I	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
95981	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, without reprogramming	Apr 2007	Electronic Analysis of Implanted Neurostimulator Pulse Generator System	I	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>

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95982	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, with reprogramming	Apr 2007	Electronic Analysis of Implanted Neurostimulator Pulse Generator System	I	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
96020	Neurofunctional testing selection and administration during noninvasive imaging functional brain mapping, with test administered entirely by a physician or other qualified health care professional (ie, psychologist), with review of test results and report	Feb 2006	Functional MRI	15	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
96904	Whole body integumentary photography, for monitoring of high risk patients with dysplastic nevus syndrome or a history of dysplastic nevi, or patients with a personal or familial history of melanoma	Feb 2006	Whole Body Integumentary Photography	19	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
96931	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition and interpretation and report, first lesion	Oct 2015	Reflectance Confocal Microscopy	06	CPT 2017	October 2020		<input type="checkbox"/>
96932	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition only, first lesion	Oct 2015	Reflectance Confocal Microscopy	06	CPT 2017	October 2020		<input type="checkbox"/>
96933	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; interpretation and report only, first lesion	Oct 2015	Reflectance Confocal Microscopy	06	CPT 2017	October 2020		<input type="checkbox"/>
96934	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition and interpretation and report, each additional lesion (List separately in addition to code for primary procedure)	Oct 2015	Reflectance Confocal Microscopy	06	CPT 2017	October 2020		<input type="checkbox"/>

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96935	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition only, each additional lesion (List separately in addition to code for primary procedure)	Oct 2015	Reflectance Confocal Microscopy	06	CPT 2017	October 2020		<input type="checkbox"/>
96936	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; interpretation and report only, each additional lesion (List separately in addition to code for primary procedure)	Oct 2015	Reflectance Confocal Microscopy	06	CPT 2017	October 2020		<input type="checkbox"/>
97605	Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters	Jan 2014	Negative Wound Pressure Therapy	17	CPT 2015	October 2021	In October 2018, RUC recommended to review again after 3 more years of data (2021).	<input type="checkbox"/>
97606	Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters	Jan 2014	Negative Wound Pressure Therapy	17	CPT 2015	October 2021	In October 2018, RUC recommended to review again after 3 more years of data (2021).	<input type="checkbox"/>
97607	Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters	Jan 2014	Negative Wound Pressure Therapy	17	CPT 2015	October 2021	In October 2018, RUC recommended to review again after 3 more years of data (2021).	<input type="checkbox"/>

<i><b>CPT Code</b></i>	<i><b>Long Descriptor</b></i>	<i><b>RUC Meeting</b></i>	<i><b>Issue</b></i>	<i><b>Tab</b></i>	<i><b>CPT Year</b></i>	<i><b>Date to Re-Review</b></i>	<i><b>RUC Rec</b></i>	<i><b>Complete</b></i>
97608	Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters	Jan 2014	Negative Wound Pressure Therapy	17	CPT 2015	October 2021	In October 2018, RUC recommended to review again after 3 more years of data (2021).	<input type="checkbox"/>
97610	Low frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed, wound assessment, and instruction(s) for ongoing care, per day	Oct 2013	HCPAC - Ultrasonic Wound Assessment	17	CPT 2015	October 2018	Survey for January 2019.	<input checked="" type="checkbox"/>
98966	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion	Apr 2007	Non Face-to-Face Qualified Healthcare Professional Services	U	CPT 2008	September 2011	Remove, not covered by Medicare	<input checked="" type="checkbox"/>
98967	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion	Apr 2007	Non Face-to-Face Qualified Healthcare Professional Services	U	CPT 2008	September 2011	Remove, not covered by Medicare	<input checked="" type="checkbox"/>

<i><b>CPT Code</b></i>	<i><b>Long Descriptor</b></i>	<i><b>RUC Meeting</b></i>	<i><b>Issue</b></i>	<i><b>Tab</b></i>	<i><b>CPT Year</b></i>	<i><b>Date to Re-Review</b></i>	<i><b>RUC Rec</b></i>	<i><b>Complete</b></i>
98968	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion	Apr 2007	Non Face-to-Face Qualified Healthcare Professional Services	U	CPT 2008	September 2011	Remove, not covered by Medicare	<input checked="" type="checkbox"/>
98970	Qualified nonphysician health care professional online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes	Jan 2019	Online Digital Evaluation Service (e-Visit)	41	CPT 2020	October 2023		<input type="checkbox"/>
98971	Qualified nonphysician health care professional online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes	Jan 2019	Online Digital Evaluation Service (e-Visit)	41	CPT 2020	October 2023		<input type="checkbox"/>
98972	Qualified nonphysician health care professional online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes	Jan 2019	Online Digital Evaluation Service (e-Visit)	41	CPT 2020	October 2023		<input type="checkbox"/>
99202	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 20 minutes are spent face-to-face with the patient and/or family.	Apr 2019	Office Visits	09	CPT 2021	October 2024		<input type="checkbox"/>

<i><b>CPT Code</b></i>	<i><b>Long Descriptor</b></i>	<i><b>RUC Meeting</b></i>	<i><b>Issue</b></i>	<i><b>Tab</b></i>	<i><b>CPT Year</b></i>	<i><b>Date to Re-Review</b></i>	<i><b>RUC Rec</b></i>	<i><b>Complete</b></i>
99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.	Apr 2019	Office Visits	09	CPT 2021	October 2024		<input type="checkbox"/>
99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent face-to-face with the patient and/or family.	Apr 2019	Office Visits	09	CPT 2021	October 2024		<input type="checkbox"/>
99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.	Apr 2019	Office Visits	09	CPT 2021	October 2024		<input type="checkbox"/>

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99211	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.	Apr 2019	Office Visits	09	CPT 2021	October 2024		<input type="checkbox"/>
99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.	Apr 2019	Office Visits	09	CPT 2021	October 2024		<input type="checkbox"/>
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.	Apr 2019	Office Visits	09	CPT 2021	October 2024		<input type="checkbox"/>



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99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.	Apr 2019	Office Visits	09	CPT 2021	October 2024		<input type="checkbox"/>
99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.	Apr 2019	Office Visits	09	CPT 2021	October 2024		<input type="checkbox"/>
99363	Code Deleted	Apr 2006	Anticoagulant Management Services	I	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
99364	Code Deleted	Apr 2006	Anticoagulant Management Services	I	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
99421	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes	Jan 2019	Online Digital Evaluation Service (e-Visit)	21	CPT 2020	October 2023		<input type="checkbox"/>

<i><b>CPT Code</b></i>	<i><b>Long Descriptor</b></i>	<i><b>RUC Meeting</b></i>	<i><b>Issue</b></i>	<i><b>Tab</b></i>	<i><b>CPT Year</b></i>	<i><b>Date to Re-Review</b></i>	<i><b>RUC Rec</b></i>	<i><b>Complete</b></i>
99422	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes	Jan 2019	Online Digital Evaluation Service (e-Visit)	21	CPT 2020	October 2023		<input type="checkbox"/>
99423	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes	Jan 2019	Online Digital Evaluation Service (e-Visit)	21	CPT 2020	October 2023		<input type="checkbox"/>
99441	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion	Feb 2007	Non Face-to-Face Services	16	CPT 2008	September 2011	Remove, not covered by Medicare	<input checked="" type="checkbox"/>
99442	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion	Feb 2007	Non Face-to-Face Services	16	CPT 2008	September 2011	Remove, not covered by Medicare	<input checked="" type="checkbox"/>
99443	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion	Feb 2007	Non Face-to-Face Services	16	CPT 2008	September 2011	Remove, not covered by Medicare	<input checked="" type="checkbox"/>

<i><b>CPT Code</b></i>	<i><b>Long Descriptor</b></i>	<i><b>RUC Meeting</b></i>	<i><b>Issue</b></i>	<i><b>Tab</b></i>	<i><b>CPT Year</b></i>	<i><b>Date to Re-Review</b></i>	<i><b>RUC Rec</b></i>	<i><b>Complete</b></i>
99446	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 5-10 minutes of medical consultative discussion and review	Oct 2012	Interprofessional Telephone Consultative Services	14	CPT 2014	October 2016	Reaffirmed RUC recommendation	<input checked="" type="checkbox"/>
99447	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 11-20 minutes of medical consultative discussion and review	Oct 2012	Interprofessional Telephone Consultative Services	14	CPT 2014	October 2016	Reaffirmed RUC recommendation	<input checked="" type="checkbox"/>
99448	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 21-30 minutes of medical consultative discussion and review	Oct 2012	Interprofessional Telephone Consultative Services	14	CPT 2014	October 2016	Reaffirmed RUC recommendation	<input checked="" type="checkbox"/>
99449	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 31 minutes or more of medical consultative discussion and review	Oct 2012	Interprofessional Telephone Consultative Services	14	CPT 2014	October 2016	Reaffirmed RUC recommendation	<input checked="" type="checkbox"/>
99451	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, including a written report to the patient's treating/requesting physician or other qualified health care professional, 5 minutes or more of medical consultative time	Jan 2018	Interprofessional Internet Consultation	21	CPT 2019	October 2022		<input type="checkbox"/>

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99452	Interprofessional telephone/Internet/electronic health record referral service(s) provided by a treating/requesting physician or other qualified health care professional, 30 minutes	Jan 2018	Interprofessional Internet Consultation	21	CPT 2019	October 2022		<input type="checkbox"/>
99453	Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial; set-up and patient education on use of equipment	Jan 2018	Chronic Care Remote Physiologic Monitoring	20	CPT 2019	October 2022		<input type="checkbox"/>
99454	Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial; device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days	Jan 2018	Chronic Care Remote Physiologic Monitoring	20	CPT 2019	October 2022		<input type="checkbox"/>
99457	Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; first 20 minutes	Jan 2018	Chronic Care Remote Physiologic Monitoring	20	CPT 2019	October 2023		<input type="checkbox"/>
99458	Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; each additional 20 minutes (List separately in addition to code for primary procedure)	Jan 2019	Chronic Care Remote Physiologic Monitoring	20	CPT 2020	October 2023		<input type="checkbox"/>
99474	Self-measured blood pressure using a device validated for clinical accuracy; separate self-measurements of two readings one minute apart, twice daily over a 30-day period (minimum of 12 readings), collection of data reported by the patient and/or caregiver to the physician or other qualified health care professional, with report of average systolic and diastolic pressures and subsequent communication of a treatment plan to the patient	Jan 2019	Self-Measured Blood Pressure Monitoring	19	CPT 2020	October 2023		<input type="checkbox"/>

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99484	Care management services for behavioral health conditions, at least 20 minutes of clinical staff time, directed by a physician or other qualified health care professional, per calendar month, with the following required elements: initial assessment or follow-up monitoring, including the use of applicable validated rating scales; behavioral health care planning in relation to behavioral/psychiatric health problems, including revision for patients who are not progressing or whose status changes; facilitating and coordinating treatment such as psychotherapy, pharmacotherapy, counseling and/or psychiatric consultation; and continuity of care with a designated member of the care team.	Jan 2017	Psychiatric Collaborative Care Management Services	20	CPT 2018	October 2021		<input type="checkbox"/>
99487	Complex chronic care management services, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, establishment or substantial revision of a comprehensive care plan, moderate or high complexity medical decision making; 60 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month.;	Oct 2012	Complex Chronic Care Coordination Services	9	CPT 2013	October 2020	Review in 3 years (October 2020)	<input type="checkbox"/>
99488	Code Deleted	Oct 2012	Complex Chronic Care Coordination Services	09	CPT 2013	October 2017	Code Deleted	<input checked="" type="checkbox"/>

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99489	Complex chronic care management services, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient; chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline; establishment or substantial revision of a comprehensive care plan, moderate or high complexity medical decision making; 60 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month.; each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)	Oct 2012	Complex Chronic Care Coordination Services	9	CPT 2013	October 2020	Review in 3 years (October 2020)	<input type="checkbox"/>
99490	Chronic care management services, at least 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient; chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline; comprehensive care plan established, implemented, revised, or monitored.	Apr 2014	Chronic Care Management	28	CPT 2015	October 2020	Review in 3 years (October 2020)	<input type="checkbox"/>

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99491	Chronic care management services, provided personally by a physician or other qualified health care professional, at least 30 minutes of physician or other qualified health care professional time, per calendar month, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient; chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline; comprehensive care plan established, implemented, revised, or monitored.	Apr 2017	Chronic Care Management Services	09	CPT 2019	October 2022		<input type="checkbox"/>

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99492	Initial psychiatric collaborative care management, first 70 minutes in the first calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: outreach to and engagement in treatment of a patient directed by the treating physician or other qualified health care professional; initial assessment of the patient, including administration of validated rating scales, with the development of an individualized treatment plan; review by the psychiatric consultant with modifications of the plan if recommended; entering patient in a registry and tracking patient follow-up and progress using the registry, with appropriate documentation, and participation in weekly caseload consultation with the psychiatric consultant; and provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies.	Jan 2017	Psychiatric Collaborative Care Management Services	20	CPT 2018	October 2022	In January 2020, the RUC identified Psychiatric Collaborative Care Management Services (CPT codes 99492, 99493 and 99494) via the work neutrality process. These codes show a 468% increase in work RVUs for 2018. In reviewing the utilization data for these services, it appears one independent clinic is performing most of these services in the pediatric population. The Workgroup recommends that CMS investigate the reporting of services by this specific independent clinic. The specialty society indicated, and the Workgroup agreed, that a new CPT Assistant article on the appropriate usage of these codes be developed in 2020. This family is also scheduled on the new technology/new services list for review at the October 2020 Relativity Assessment Workgroup meeting. The Workgroup recommends	<input type="checkbox"/>



<i>CPT Code</i>	<i>Long Descriptor</i>	<i>RUC Meeting</i>	<i>Issue</i>	<i>Tab</i>	<i>CPT Year</i>	<i>Date to Re-Review</i>	<i>RUC Rec</i>	<i>Complete</i>
								postponing the new technology/new services review until October 2022, after the CPT Assistant article has time to take effect.

<i><b>CPT Code</b></i>	<i><b>Long Descriptor</b></i>	<i><b>RUC Meeting</b></i>	<i><b>Issue</b></i>	<i><b>Tab</b></i>	<i><b>CPT Year</b></i>	<i><b>Date to Re-Review</b></i>	<i><b>RUC Rec</b></i>	<i><b>Complete</b></i>
99493	Subsequent psychiatric collaborative care management, first 60 minutes in a subsequent month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: tracking patient follow-up and progress using the registry, with appropriate documentation; participation in weekly caseload consultation with the psychiatric consultant; ongoing collaboration with and coordination of the patient's mental health care with the treating physician or other qualified health care professional and any other treating mental health providers; additional review of progress and recommendations for changes in treatment, as indicated, including medications, based on recommendations provided by the psychiatric consultant; provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies; monitoring of patient outcomes using validated rating scales; and relapse prevention planning with patients as they achieve remission of symptoms and/or other treatment goals and are prepared for discharge from active treatment.	Jan 2017	Psychiatric Collaborative Care Management Services	20	CPT 2018	October 2022	In January 2020, the RUC identified Psychiatric Collaborative Care Management Services (CPT codes 99492, 99493 and 99494) via the work neutrality process. These codes show a 468% increase in work RVUs for 2018. In reviewing the utilization data for these services, it appears one independent clinic is performing most of these services in the pediatric population. The Workgroup recommends that CMS investigate the reporting of services by this specific independent clinic. The specialty society indicated, and the Workgroup agreed, that a new CPT Assistant article on the appropriate usage of these codes be developed in 2020. This family is also scheduled on the new technology/new services list for review at the October 2020 Relativity Assessment Workgroup meeting. The Workgroup recommends	<input type="checkbox"/>

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							postponing the new technology/new services review until October 2022, after the CPT Assistant article has time to take effect.	

<i><b>CPT Code</b></i>	<i><b>Long Descriptor</b></i>	<i><b>RUC Meeting</b></i>	<i><b>Issue</b></i>	<i><b>Tab</b></i>	<i><b>CPT Year</b></i>	<i><b>Date to Re-Review</b></i>	<i><b>RUC Rec</b></i>	<i><b>Complete</b></i>
99494	Initial or subsequent psychiatric collaborative care management, each additional 30 minutes in a calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional (List separately in addition to code for primary procedure)	Jan 2017	Psychiatric Collaborative Care Management Services	20	CPT 2018	October 2022	In January 2020, the RUC identified Psychiatric Collaborative Care Management Services (CPT codes 99492, 99493 and 99494) via the work neutrality process. These codes show a 468% increase in work RVUs for 2018. In reviewing the utilization data for these services, it appears one independent clinic is performing most of these services in the pediatric population. The Workgroup recommends that CMS investigate the reporting of services by this specific independent clinic. The specialty society indicated, and the Workgroup agreed, that a new CPT Assistant article on the appropriate usage of these codes be developed in 2020. This family is also scheduled on the new technology/new services list for review at the October 2020 Relativity Assessment Workgroup meeting. The Workgroup recommends	<input type="checkbox"/>

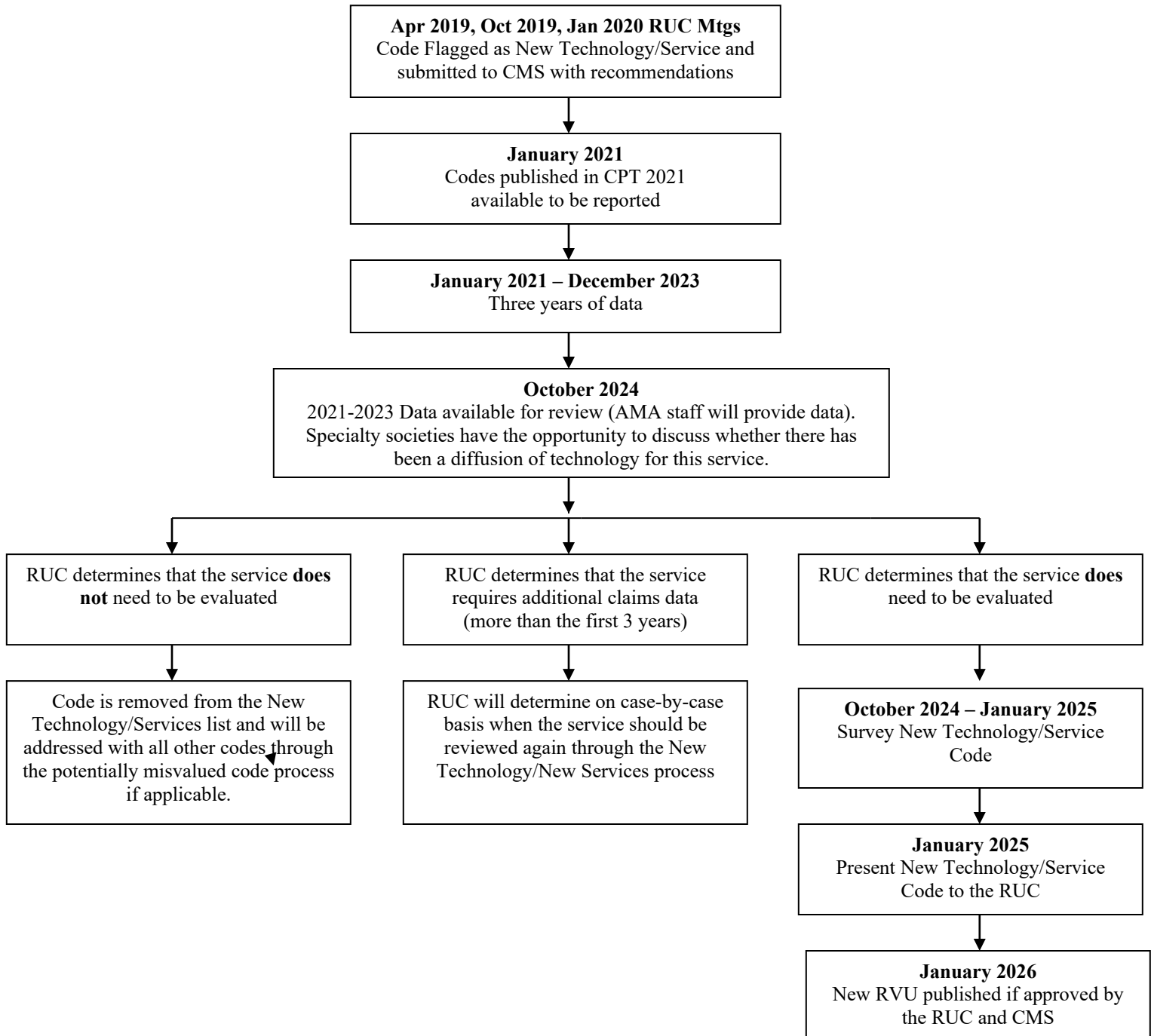
<i>CPT Code</i>	<i>Long Descriptor</i>	<i>RUC Meeting</i>	<i>Issue</i>	<i>Tab</i>	<i>CPT Year</i>	<i>Date to Re-Review</i>	<i>RUC Rec</i>	<i>Complete</i>
							postponing the new technology/new services review until October 2022, after the CPT Assistant article has time to take effect.	
99495	Transitional Care Management Services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge Medical decision making of at least moderate complexity during the service period Face-to-face visit, within 14 calendar days of discharge	Oct 2012	Transitional Care Management Services	08	CPT 2013	October 2017	Survey for October 2018	<input checked="" type="checkbox"/>
99496	Transitional Care Management Services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge Medical decision making of high complexity during the service period Face-to-face visit, within 7 calendar days of discharge	Oct 2012	Transitional Care Management Services	08	CPT 2013	October 2017	Survey for October 2018	<input checked="" type="checkbox"/>
99497	Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; first 30 minutes, face-to-face with the patient, family member(s), and/or surrogate	Jan 2014	Advance Care Planning	19	CPT 2015	October 2021	Review in 2 years (October 2019). In Oct 2019, indicated to review in another 2 years (October 2021).	<input type="checkbox"/>
99498	Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; each additional 30 minutes (List separately in addition to code for primary procedure)	Jan 2014	Advance Care Planning	19	CPT 2015	October 2021	Review in 2 years (October 2019). In Oct 2019, indicated to review in another 2 years (October 2021).	<input type="checkbox"/>
99XXX		Apr 2019	Office Visits	09	CPT 2021	October 2024		<input type="checkbox"/>

<i><b>CPT Code</b></i>	<i><b>Long Descriptor</b></i>	<i><b>RUC Meeting</b></i>	<i><b>Issue</b></i>	<i><b>CPT Tab</b></i>	<i><b>Year</b></i>	<i><b>Date to Re-Review</b></i>	<i><b>RUC Rec</b></i>	<i><b>Complete</b></i>
99XXX		Apr 2019	Office Visits	09	CPT 2021	October 2024		<input type="checkbox"/>
G0445	High intensity behavioral counseling to prevent sexually transmitted infection; face-to-face, individual, includes: education, skills training and guidance on how to change sexual behavior; performed semi-annually, 30 minutes		Fecal Bacteriotherapy		CPT 2013	October 2018	The specialty societies indicated that they tried to develop a category I code to replace 44705 which is not currently covered by Medicare, but the CPT Editorial Panel did not accept the coding change proposal due to a lack in literature provided. The Workgroup recommended that these services be reviewed in 2 year after additional utilization data is available (October 2018). In October 2018, the RUC recommended to remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

## New Technology/Services Timeline

1. Code is identified as a new technology/service at the RUC meeting in which it is initially reviewed.
2. Code is flagged in the next version of the RUC database with date to be reviewed
3. Code will be reviewed in 5 years (depending on what meeting in the CPT/RUC cycle it is initially reviewed) after at least three years of data are available.

### Example



Society	Acronym
Academy of Nutrition and Dietetics	ANDi
AMDA-The Society for Post-Acute and Long-Term Care Medicine	AMDA
American Academy of Allergy, Asthma & Immunology	AAAAI
American Academy of Audiology	AAA
American Academy of Child and Adolescent Psychiatry	AACAP
American Academy of Dermatology Association	AADA
American Academy of Family Physicians	AAFP
American Academy of Hospice and Palliative Medicine	AAHPM
American Academy of Neurology	AAN
American Academy of Ophthalmology	AAO
American Academy of Orthopaedic Surgeons	AAOS
American Academy of Otolaryngic Allergy	AAOA
American Academy of Otolaryngology - Head and Neck Surgery	AAO-HNS
American Academy of Pain Medicine	AAPM
American Academy of PAs	AAPA
American Academy of Pediatrics	AAP
American Academy of Physical Medicine & Rehabilitation	AAPMR
American Academy of Sleep Medicine	AASM



American Association of Clinical Endocrinologists	AACE
American Association of Clinical Urologist, Inc.	AACU
American Association of Hip and Knee Surgeons	AAHKS
American Association of Neurological Surgeons	AANS
American Association of Neuromuscular & Electrodagnostic Medicine	AANEM
American Association of Oral and Maxillofacial Surgeons	AAOMS
American Association of Thoracic Surgery	AATS
American Burn Association	ABA
American Chiropractic Association	ACA
American Clinical Neurophysiology Society	ACNS
American College of Allergy, Asthma & Immunology	ACAAI
American College of Cardiology	ACC
American College of Chest Physicians	CHEST
American College of Emergency Physicians	ACEP
American College of Gastroenterology	ACG
American College of Medical Genetics	ACMG
American College of Mohs Surgery	ACMS
American College of Nuclear Medicine	ACNM
American College of Obstetricians and Gynecologists	ACOG

American College of Physicians	ACP
American College of Radiation Oncology	ACRO
American College of Radiology	ACR
American College of Rheumatology	ACRh
American College of Surgeons	ACS
American Dental Association	ADA
American Gastroenterological Association	AGA
American Geriatrics Society	AGS
American Medical Association	AMA
American Medical Women's Association	AMWA
American Nurses Association	ANA
American Occupational Therapy Association	AOTA
American Optometric Association	AOA
American Orthopaedic Foot and Ankle Society	AOFAS
American Osteopathic Association	AOA
American Pediatric Surgical Association	APSA
American Physical Therapy Association	APTA
American Podiatric Medical Association	APMA
American Psychiatric Association	APA

American Rhinologic Society	ARS
American Roentgen Ray Society	ARRS
American Society for Aesthetic Plastic Surgery	ASAPS
American Society for Clinical Pathology	ASCP
American Society for Dermatologic Surgery	ASDS
American Society for Gastrointestinal Endoscopy	ASGE
American Society for Radiation Oncology	ASTRO
American Society for Reproductive Medicine	ASRM
American Society for Surgery of the Hand	ASSH
American Society for Transplantation and Cellular Therapy	ASTCT
American Society of Addiction Medicine	ASAM
American Society of Anesthesiologists	ASA
American Society of Breast Surgeons	ASBS
American Society of Cataract and Refractive Surgery	ASCRS(cat)
American Society of Clinical Oncology	ASCO
American Society of Colon and Rectal Surgeons	ASCRS(col)
American Society of Cytopathology	ASC
American Society of Dermatopathology	ASDP
American Society of Echocardiography	ASE

American Society of General Surgeons	ASGS
American Society of Hematology	ASH
American Society of Interventional Pain Physicians	ASIPP
American Society of Neuroimaging	ASN
American Society of Neuroradiology	ASNR
American Society of Plastic Surgeons	ASPS
American Society of Retina Specialists	ASRS
American Speech-Language-Hearing Association	ASHA
American Thoracic Society	ATS
American Urological Association	AUA
American Vein and Lymphatic Society	AVLS
Association of University Radiologists	AUR
Centers for Medicare and Medicaid Services	CMS
College of American Pathologists	CAP
Congress of Neurological Surgeons	CNS
Heart Rhythm Society	HRS
Infectious Diseases Society of America	IDSA
International Society for the Advancement of Spine Surgery	ISASS
National Association of Social Workers	NASW

North American Neuromodulation Society	NANS
Radiological Society of North America	RSNA
Renal Physicians Association	RPA
Society for Vascular Surgery	SVS
Society of American Gastrointestinal and Endoscopic Surgeons	SAGES
Society of Critical Care Medicine	SCCM
Society of Interventional Radiology	SIR
Society of Nuclear Medicine and Molecular Imaging	SNMMI
Society of Thoracic Surgeons	STS
The Endocrine Society	ES
The Society for Cardiovascular Angiography and Interventions	SCAI
The Spine Intervention Society	SIS
Underseas and Hyperbaric Medical Society	UHMS

AMA/Specialty Society RVS Update Committee Summary of Recommendations  
**\*High Volume Growth\***

April 2020

**Electrophysiologic Evaluation**

In October 2019, the RUC identified this service via the high-volume growth screen for services with Medicare utilization of 10,000 or more and have increased by at least 100% from 2013 through 2018. In January 2020, the RUC recommended this service be surveyed for April 2020. The code was surveyed individually, as it is not part of a specific family, because it is an add-on service that can be used with several different procedures - base codes or other add-on codes, diagnostic as well as therapeutic.

***93621 Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with left atrial pacing and recording from coronary sinus or left atrium (List separately in addition to code for primary procedure)***

The RUC reviewed the survey results from 53 cardiologists and electrophysiologists and determined that a direct work RVU crosswalk to CPT code 37253 *Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; each additional noncoronary vessel (List separately in addition to code for primary procedure)* (work RVU = 1.44, 20 minutes intra-service time and 21 minutes total time) would appropriately account for the physician work required to perform this service. The RUC discussed the decrease in intra-service time from 30 to 20 minutes. Since 2001, when this code was last surveyed, there have been several changes in technique that have contributed to an increase in the intensity and decrease in the total time of the procedure. In particular, the typical access technique has evolved to the femoral vein to insert the catheter, as opposed to the jugular or subclavian vein. Using this approach reduces the overall access time, as the additional access site is already prepared from the related procedure. Further, the patient benefits because there is no risk in puncturing a carotid artery or pneumothorax. Additionally, in the process of mapping and ablation of both supraventricular and ventricular arrhythmias (where having a catheter in the coronary sinus is necessary), the coronary sinus catheter often needs to be repositioned due to the femoral approach anatomy. While the femoral approach is now more frequently chosen using deflectable catheters (compared with previous jugular or subclavian access with non-deflectable catheters), the femoral approach catheters tend to move out of position more easily and therefore requires more frequent repositioning during the case. The RUC determined that a 33% reduction in intra-service time and less risk based on change in technique, warrants a lower work RVU than reflected in the survey data.

CPT code 93621 is typically added on to electrophysiologic (EP) studies performed in concert with ablation therapies, rather than with diagnostic-only EP studies as was predominant in 2001. Billed together data show that these services are now typically performed as a combination of therapeutic and diagnostic interventions (e.g., EP ablation), as opposed to simply diagnostic procedures. Patients who proceed to ablative therapies are more complex than those only receiving diagnostic catheterization. The survey add-on code is most often reported with diagnostic code 93613

*Intracardiac electrophysiologic 3-dimensional mapping (List separately in addition to code for primary procedure) (work RVU = 5.23, 90 minutes intra-service time) and ablation code 93653 Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia with right atrial pacing and recording, right ventricular pacing and recording (when necessary), and His bundle recording (when necessary) with intracardiac catheter ablation of arrhythmogenic focus; with treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathway, accessory atrioventricular connection, cavo-tricuspid isthmus or other single atrial focus or source of atrial re-entry (work RVU = 14.75, 180 minutes intra-service time).* The placement of a catheter for pacing/recording in the left atrium and coronary sinus is more complex/intense in an ablation versus a diagnostic procedure.

The RUC compared CPT code 93621 to the second highest key reference service and MPC code 99292 *Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service)* (work RVU = 2.25, 30 minutes intra-service and total time) and noted the intra-service time is 10 minutes more than the survey code justifying the higher work value. Moreover, all the survey respondents that selected the second key reference code rated the reference code as more intense and complex overall, further justifying the higher work value for the reference code.

The RUC also referenced CPT code 92979 *Endoluminal imaging of coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report; each additional vessel (List separately in addition to code for primary procedure)* (work RVU = 1.44, 25 minutes intra-service and total time) and noted the identical amount of physician work for these add-on codes.

For additional support, the RUC compared the survey code to CPT code 37252 *Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; initial noncoronary vessel (List separately in addition to code for primary procedure)* (work RVU = 1.80, 20 minutes intra-service time and 22 minutes total time) and noted the identical intra-service time and slightly higher intensity for the comparator code. The RUC further noted that there are 12 RUC reviewed ZZZ codes with 20 minutes intra-service time and work values between 1.40 and 2.00.

The RUC concluded that, given changes in intensity and total time for the procedure, CPT code 93621 should be valued based on a direct work RVU crosswalk to MPC code 37253 with 20 minutes intra-service time as supported by the survey. **The RUC recommends a work RVU of 1.44 for CPT code 93621.**

#### **Practice Expense**

CPT code 93621 is provided exclusively in the facility setting, thus no direct practice expense inputs are recommended.

<b>CPT Code</b>	<b>CPT Descriptor</b>	<b>Global Period</b>	<b>Work RVU Recommendation</b>
93621	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with left atrial pacing and recording from coronary sinus or left atrium (List separately in addition to code for primary procedure)	ZZZ	1.44



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

CPT Code: 93621	Tracking Number	Original Specialty Recommended RVU: <b>2.10</b>
		Presented Recommended RVU: <b>1.80</b>
Global Period: ZZZ	Current Work RVU: <b>2.10</b>	RUC Recommended RVU: <b>1.44</b>

CPT Descriptor: Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with left atrial pacing and recording from coronary sinus or left atrium (List separately in addition to code for primary procedure)

**CLINICAL DESCRIPTION OF SERVICE:**

Vignette Used in Survey: During a separately reported cardiac electrophysiology procedure, a 37 year-old man with recurrent palpitations is indicated, for diagnostic purposes, for the recording of electrical activity from the left atrium and ventricle and to pace the left atrium.

[Note: This is an add-on code. Only consider the additional work for left atrial pacing and recording from coronary sinus or left atrium. Do not include any work that is included in base codes 93620, 93653 or 93654.]

Percentage of Survey Respondents who found Vignette to be Typical: 88%

**Site of Service (Complete for 010 and 090 Globals Only)**

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: N/A

Description of Intra-Service Work: The patient is undergoing a separately reported cardiac electrophysiology procedure, and it is necessary to place a catheter in the coronary sinus to record left atrial activity. Femoral venous access site is already prepared for related procedure. Achieve central venous access, place a sheath in the femoral vein using standard percutaneous techniques, changing to subclavian or jugular access if that fails. Introduce the catheter into the sheath and advance into the right atrium where the ostium of the coronary sinus is engaged. Advance the catheter into the coronary sinus. Use the multielectrode catheter to record electrical activity from the left atrium and, at times, pace the left atrium to attempt arrhythmia induction. Reposition the catheter as necessary throughout the course of the cardiac electrophysiology procedure to optimize recordings and pacing thresholds. At the conclusion of the procedure, remove the catheter. Write a procedure note and include a description of the catheter use and associated findings in the report.

Description of Post-Service Work: N/A

**SURVEY DATA**

<b>RUC Meeting Date (mm/yyyy)</b>	04/2020				
<b>Presenter(s):</b>	Richard Wright, MD and Mark Schoenfeld, MD				
<b>Specialty Society(ies):</b>	American College of Cardiology; Heart & Rhythm Society				
<b>CPT Code:</b>	93621				
<b>Sample Size:</b>	1188	<b>Resp N:</b>	53		
<b>Description of Sample:</b>	random ACC electrophysiologist members and random HRS members				
	<b>Low</b>	<b>25<sup>th</sup> pctl</b>	<b>Median*</b>	<b>75<sup>th</sup> pctl</b>	<b>High</b>
<b>Service Performance Rate</b>	0.00	40.00	<b>75.00</b>	120.00	250.00
<b>Survey RVW:</b>	1.45	2.50	<b>3.20</b>	5.00	20.00
<b>Pre-Service Evaluation Time:</b>			<b>0.00</b>		
<b>Pre-Service Positioning Time:</b>			<b>0.00</b>		
<b>Pre-Service Scrub, Dress, Wait Time:</b>			<b>0.00</b>		
<b>Intra-Service Time:</b>	5.00	12.00	<b>20.00</b>	35.00	200.00
<b>Immediate Post Service-Time:</b>	<b>0.00</b>				
<b>Post Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b>0.00</b>	99291x <b>0.00</b> 99292x <b>0.00</b>			
<b>Other Hospital time/visit(s):</b>	<b>0.00</b>	99231x <b>0.00</b> 99232x <b>0.00</b> 99233x <b>0.00</b>			
<b>Discharge Day Mgmt:</b>	<b>0.00</b>	99238x <b>0.00</b> 99239x <b>0.00</b> 99217x <b>0.00</b>			
<b>Office time/visit(s):</b>	<b>0.00</b>	99211x <b>0.00</b> 12x <b>0.00</b> 13x <b>0.00</b> 14x <b>0.00</b> 15x <b>0.00</b>			
<b>Prolonged Services:</b>	<b>0.00</b>	99354x <b>0.00</b> 55x <b>0.00</b> 56x <b>0.00</b> 57x <b>0.00</b>			
<b>Sub Obs Care:</b>	<b>0.00</b>	99224x <b>0.00</b> 99225x <b>0.00</b> 99226x <b>0.00</b>			

\*\*Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

**Specialty Society Recommended Data**

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

<b>CPT Code:</b>	93621	<b>Recommended Physician Work RVU: 1.44</b>		
	<b>Specialty Recommended Pre-Service Time</b>	<b>Specialty Recommended Pre Time Package</b>	<b>Adjustments/Recommended Pre-Service Time</b>	
<b>Pre-Service Evaluation Time:</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	
<b>Pre-Service Positioning Time:</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	
<b>Pre-Service Scrub, Dress, Wait Time:</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	
<b>Intra-Service Time:</b>	<b>20.00</b>			
Please, pick the <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)				
ZZZ Global Code				
	<b>Specialty Recommended Post-Service Time</b>	<b>Specialty Recommended Post Time Package</b>	<b>Adjustments/Recommended Post-Service Time</b>	
<b>Immediate Post Service-Time:</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	

<b>Post-Operative Visits</b>	<b>Total Min**</b>	<b>CPT Code and Number of Visits</b>			
<b>Critical Care time/visit(s):</b>	<b><u>0.00</u></b>	99291x <b>0.00</b>	99292x <b>0.00</b>		
<b>Other Hospital time/visit(s):</b>	<b><u>0.00</u></b>	99231x <b>0.00</b>	99232x <b>0.00</b>	99233x <b>0.00</b>	
<b>Discharge Day Mgmt:</b>	<b><u>0.00</u></b>	99238x <b>0.0</b>	99239x <b>0.0</b>	99217x <b>0.00</b>	
<b>Office time/visit(s):</b>	<b><u>0.00</u></b>	99211x <b>0.00</b>	12x <b>0.00</b>	13x <b>0.00</b>	14x <b>0.00</b> 15x <b>0.00</b>
<b>Prolonged Services:</b>	<b><u>0.00</u></b>	99354x <b>0.00</b>	55x <b>0.00</b>	56x <b>0.00</b>	57x <b>0.00</b>
<b>Sub Obs Care:</b>	<b><u>0.00</u></b>	99224x <b>0.00</b>	99225x <b>0.00</b>	99226x <b>0.00</b>	

**Modifier -51 Exempt Status**

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

**New Technology/Service:**

Is this new/revised procedure considered to be a new technology or service? No

**TOP KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
93609	ZZZ	4.99	RUC Time

CPT Descriptor Intraventricular and/or intra-atrial mapping of tachycardia site(s) with catheter manipulation to record from multiple sites to identify origin of tachycardia (List separately in addition to code for primary procedure)

**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
99292	ZZZ	2.25	RUC Time

CPT Descriptor Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service)

**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
36227	ZZZ	2.09	RUC Time	12,831

CPT Descriptor 1 Selective catheter placement, external carotid artery, unilateral, with angiography of the ipsilateral external carotid circulation and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
37253	ZZZ	1.44	RUC Time	65,235

CPT Descriptor 2 Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; each additional noncoronary vessel (List separately in addition to code for primary procedure)

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
37252	ZZZ	1.80	

CPT Descriptor Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; initial noncoronary vessel (List separately in addition to code for primary procedure)

**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

**Number of respondents who choose Top Key Reference Code: 18      % of respondents: 33.9 %**

**Number of respondents who choose 2<sup>nd</sup> Key Reference Code: 6      % of respondents: 11.3 %**

**TIME ESTIMATES (Median)**

	CPT Code: <u>93621</u>	Top Key Reference CPT Code: <u>93609</u>	2nd Key Reference CPT Code: <u>99292</u>
Median Pre-Service Time	0.00	0.00	0.00
Median Intra-Service Time	20.00	90.00	30.00
Median Immediate Post-service Time	0.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
<b>Median Total Time</b>	<b>20.00</b>	<b>90.00</b>	<b>30.00</b>
<b>Other time if appropriate</b>			

**INTENSITY/COMPLEXITY MEASURES**

*(of those that selected Key Reference codes)*

*Survey respondents are rating the survey code relative to the key reference code.*

<b><u>Top Key Reference Code</u></b>	<b><u>Much Less</u></b>	<b><u>Somewhat Less</u></b>	<b><u>Identical</u></b>	<b><u>Somewhat More</u></b>	<b><u>Much More</u></b>
<b>Overall intensity/complexity</b>	0%	28%	28%	22%	22%

**Mental Effort and Judgment**

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

**Less      Identical      More**

22%      28%      50%

**Technical Skill/Physical Effort**

**Less      Identical      More**

Technical skill required	11%	50%	39%
--------------------------	-----	-----	-----

Physical effort required	22%	44%	34%
--------------------------	-----	-----	-----

**Psychological Stress****Less****Identical****More**

- The risk of significant complications, morbidity and/or mortality
- Outcome depends on the skill and judgment of physician
- Estimated risk of malpractice suit with poor outcome

28%

39%

33%

**2nd Key Reference Code****Much Less****Somewhat Less****Identical****Somewhat More****Much More**

Overall intensity/complexity	0%	0%	0%	83%	17%
------------------------------	----	----	----	-----	-----

**Mental Effort and Judgment****Less****Identical****More**

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

17%

50%

33%

**Technical Skill/Physical Effort****Less****Identical****More**

Technical skill required	0%	17%	83%
--------------------------	----	-----	-----

Physical effort required	0%	17%	83%
--------------------------	----	-----	-----

**Psychological Stress****Less****Identical****More**

- The risk of significant complications, morbidity and/or mortality
- Outcome depends on the skill and judgment of physician
- Estimated risk of malpractice suit with poor outcome

0%

50%

50%

**Additional Rationale and Comments**

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

*The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.*

**History and Background**

In October 2019, the Relativity Assessment Workgroup identified services with Medicare utilization of 10,000 or more that have increased by at least 100% from 2013 through 2018, including CPT 93621 electrophysiologic evaluation.

HRS and ACC randomly surveyed general cardiologists and electrophysiologists, as designated by membership rolls. The survey was completed by physicians who have experience with the service. The key reference code is 93609 for intraventricular and/or intra-atrial mapping of tachycardia with catheter manipulation. It was selected by 33.9% of respondents. Nearly a third of these respondents indicate 93621 was virtually identical. The second reference code was 99292 for critical care evaluation. It was selected by 11.3% of respondents. All of these respondents indicated that 93621 was more intense/complex overall.

Since 2001, when this code was last surveyed, there have been a number of changes in technique that have contributed to change in intensity and total time of the procedure. In particular the typical access technique has evolved to the femoral vein to insert the catheter (as included in the updated description of service above), as opposed to the jugular or subclavian vein (as currently presented from the 2001 survey in the RUC database).

We have seen this evolution as providers of this service during that time and note it in the two attached journal articles. Using this approach reduces the overall access time, as the additional access site is already prepared from the related procedure. Further, the patient benefits because there is no risk in puncturing a carotid artery or pneumothorax. Additionally, in the process of mapping and ablation of both supraventricular and ventricular arrhythmias (where having a catheter in the CS is necessary), the CS catheter often needs to be repositioned due to the femoral approach anatomy. While the femoral approach is now more frequently chosen using deflectable catheters (compared with previous jugular or subclavian access with non-deflectable catheters), the femoral approach catheters do tend to move out of position more easily and therefore requires more frequent repositioning during the case. We believe this change in technique contributes to the changes intensity and total time to complete the procedure, as reflected in the survey data.

### Additional Explanation for RVU Recommendation

By (typically) eliminating the need to access the septum through an additional catheterization site, the time to perform this procedure has fallen. We believe those minutes are at the lower end of the intensity spectrum for the service, which naturally leads to an increase in calculated intensity.

Another difference from 2001 to now is that this service is typically added on to EP-studies performed in concert with ablation therapies, rather than with diagnostic-only EP studies as was predominant in 2001. Billed together data show that these services are now typically performed as a combination of therapeutic and diagnostic interventions (e.g., EP ablation), as opposed to simply diagnostic procedures, specifically the data shows that roughly 78% of 93621 is billed with 93653. This is another difference from the 2001 valuation. Patients who proceed to ablative therapies are more complex than those only receiving diagnostic catheterization.

For comparison purposes, the societies identified RVW comparator code 37252 for intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention. This code has the same amount of intraservice time, 20 minutes and, correctly, a slightly lower IWPUT of 0.088 than results from our recommendation. The societies also identified two other comparator codes that bracket the recommendation: 36483 for endovenous ablation therapy at 1.75 RVW with a slightly higher intensity than the recommendation at 0.088. This code reflects a mostly 'technical' procedure, which does not involve extensive decision making. The second code, 36227 for selective catheter placement has an RVW of 2.09 and a higher intensity of 0.1393 IWPUT.

### Recommendation

Therefore, for code 93621 the societies **recommend a direct crosswalk to the RVW of 1.80 from code 37252 with 0 minutes preservice time, 20 minutes intraservice time from the survey median, and 0 minutes postservice time.**

### SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.

- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

## FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 93621

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)  
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty ACC                      How often? Commonly

Specialty HRS                      How often? Commonly

Specialty                              How often?

Estimate the number of times this service might be provided nationally in a one-year period? 58520

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Based on double the Medicare data estimation reported in 2018.

Specialty ACC	Frequency 45061	Percentage 77.00 %
---------------	-----------------	--------------------

Specialty HRS	Frequency 13460	Percentage 23.00 %
---------------	-----------------	--------------------

Specialty	Frequency 0	Percentage 0.00 %
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Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 29,260 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Fee for service utilization from RUC database from 2018 for 93621.

Specialty ACC	Frequency 22531	Percentage 77.00 %
---------------	-----------------	--------------------

Specialty HRS	Frequency 6730	Percentage 23.00 %
---------------	----------------	--------------------

Specialty	Frequency 0	Percentage 0.00 %
-----------	-------------	-------------------

Do many physicians perform this service across the United States? Yes

## Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:  
Procedures

BETOS Sub-classification:  
Major procedure

BETOS Sub-classification Level II:  
Cardiovascular-Other

---

### **Professional Liability Insurance Information (PLI)**

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 93621

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.



SS Rec Summary

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	AP	AQ	AR	AS	AT	
3	<b>INSTRUCTIONS</b>																										
4	Insert information and data into all applicable cells <b>except</b> IWPUT and TOTAL TIME. These cells will automatically calculate.																										
5	Hide columns and rows that do not contain data.																										
6	<u>1st REF</u> = Top Key Reference code data																										
7	<u>2st REF</u> = Second Highest Key Reference code data																										
8	<u>CURRENT</u> = Current data (Harvard or RUC) for code being surveyed. If this is a new code, this row will be blank.																										
9	<u>SVY</u> = Survey data - as it appears on the Summary of Recommendation form.																										
10	<u>REC</u> = Specialty Society recommended data as it appears on the Summary of Recommendation form.																										
11																											
12																											
13	<b>ISSUE:</b> Eletrophysiological services																										
14	<b>TAB: 9</b>																										
15							RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE					
16	Source	CPT	Global	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX	
17	1st REF	93609	ZZZ	Intraventricular and/or intra-atrial mapping of tachycardia	18	0.055			4.99			90	0	0	0		90				0						
18	2nd REF	99292	ZZZ	Critical care, evaluation and management of the critically ill	6	0.075			2.25			30	0	0	0		30				0						
19	CURRENT	93621	ZZZ	Comprehensive electrophysiologic evaluation		0.070			2.10			30					30				0						
20	SVY	93621	ZZZ	Comprehensive electrophysiologic evaluation	53	0.160	1.45	2.50	3.20	5.00	20.00	20	0	0	0	5	12	20	35	200	0	0	40	75	120	250	
21	REC	93621	ZZZ	Comprehensive electrophysiologic evaluation		0.072	1.44					20	0	0	0		20				0						
22	COMP	37252	ZZZ	Intravascular ultrasound (noncoronary vessel) during		0.088			1.80			22	1	0	0		20				1						
23	COMP	20931	ZZZ	Allograft, structural, for spine surgery only (List separately in		0.091			1.81			20	0	0	0		20				0						
24	COMP	15151	ZZZ	Tissue cultured skin autograft, trunk, arms, legs; additional 1		0.100			2.00			20	0	0	0		20				0						
25	COMP	36483	ZZZ	Endovenous ablation therapy of incompetent vein, extremity,		0.088			1.75			20	0	0	0		20				0						
26	MPC XWALK	37253	ZZZ	Intravascular ultrasound (noncoronary vessel) during		0.071			1.44			21	0	0	0		20				1						
27	MPC	36227	ZZZ	Selective catheter placement, external carotid artery,		0.1393			2.09			15	0	0	0		15				0						

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AG	AH	AI	AJ	AK
5	ISSUE: Excision of bone																																
6	TAB: 84																																
7							RVW				Total	PRE			INTRA					IMMD	FAC-inpt/same day						Office						
8	source	CPT	Global	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	15	14	13	12	11
9	1st REF	11111	000	xyz	30	0.029			4.25			131	5	5	5			30			5					1	1.0				1		
10	2nd REF	22222	000	def	15	0.055			5.15			137	10	5	5			35			5						1.0			1		1	
11	CURRENT	55555	000	abc		0.053			5.00			133	17					27			8					1	1.0			1			
12	SVY	55555	000	abc	78	0.045	2.00	3.00	5.00	7.00	8.00	146	10	5	10	15	20	30	35	40	10					1	1.0			1			
13	REC	55555	000	abc		0.020	4.25				142	17	1	3			30			10						1	1.0			1			
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March 31, 2020

Scott Manaker, MD  
AMA/RVS Update PE Subcommittee  
American Medical Association  
330 N. Wabash Ave.  
Chicago, IL 60611

RE: Tab 9 Practice Expense

Dear Dr. Manaker:

Tab 9 on the April 2019 RUC agenda addresses one add-on code for electrophysiologic evaluation. This add-on service is provided exclusively in the facility setting. As such, we recommend no direct practice expense inputs for Tab 9.

Thank you for your consideration of this information as you prepare for the meeting. Please contact Claudia Vasquez at [cvasquez@acc.org](mailto:cvasquez@acc.org) if you have any questions.

Sincerely,

Richard Wright, MD  
ACC RUC Advisor

Mark Schoenfeld, MD  
HRS RUC Advisor

# Comparison of operator radiation exposure during coronary sinus catheter placement via the femoral or jugular vein approach

Wensheng Chen<sup>1</sup>, Yan Yao<sup>1\*</sup>, Shu Zhang<sup>1</sup>, and Ding Sheng He<sup>2</sup>

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## Aims

To evaluate and compare operator radiation exposure during the catheter placement in the coronary sinus via the femoral vein with a steerable catheter or the jugular vein with a fixed curve catheter.

## Methods and results

A total of 156 patients undergoing electrophysiological study or radiofrequency catheter ablation were prospectively assigned in a random fashion to either the femoral vein access (FVA) with a steerable curve deca-polar catheter ( $n = 80$ ) or the jugular vein access (JVA) with a fixed curve deca-polar catheter ( $n = 76$ ). All the catheterization procedures were performed by the same operator who had extensive experience in both accesses. Operator radiation exposure was measured with an electronic radiation dosimeter attached to the breast pocket of the operator on the outside of the lead apron and estimates of the ambient dose equivalent were derived. The operator radiation exposure was reduced significantly by using the FVA compared with the JVA ( $1.8 \pm 1.3$  vs.  $8.6 \pm 6.5 \mu\text{Sv}$ ;  $P < 0.001$ ). The fluoroscopy time ( $62.7 \pm 45.8$  vs.  $61.9 \pm 46.5$  s;  $P = \text{NS}$ ) and dose–area product ( $3.2 \pm 2.3$  vs.  $3.1 \pm 2.1 \text{ Gy cm}^2$ ;  $P = \text{NS}$ ) were not statistically different.

## Conclusion

Operator radiation exposure can be significantly reduced by using the FVA approach with a steerable curve catheter compared with the JVA approach with a fixed curve catheter, without increasing the fluoroscopy time and dose–area product.

## Keywords

Operator radiation exposure • Femoral vein • Steerable catheter • Fixed curve catheter

## Introduction

A mapping catheter positioned in the coronary sinus (CS) serves as an important reference during diagnostic electrophysiology and ablative procedures. The CS catheter provides crucial anatomical landmarks and electrical conduction sequences in the heart. A conventional approach for CS catheter placement is to insert a fixed curve multi-polar catheter through the jugular vein and the supra vena cava (SVC). The jugular vein access (JVA), although successful most of the time, has several disadvantages. It may pose the risk of pneumothorax, haemothorax, and injury of a non-compressible artery. Additionally, the operator must be very close to the radiation source; therefore, the operator radiation exposure is rather high. This poses a potential risk of long-term undesirable radiation hazards for the operator. It is feasible to place a CS

catheter through the femoral vein and the inferior vena cava (IVC) using a steerable catheter.<sup>1</sup> The purpose of this study is to evaluate and compare the operator radiation exposure during CS catheterization via the femoral vein access (FVA) or JVA.

## Methods

### Study design

All patients scheduled for an electrophysiology study (EPS) or a radio-frequency catheter ablation (RFCA) in our hospital were enrolled in the study. After informed consent was obtained, the CS catheterization procedure was performed either from a femoral or a JVA according to the random assignment by the same electrophysiologist who had extensive experience in CS catheterization via both FVA and JVA approaches.

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## Inclusion and exclusion criteria

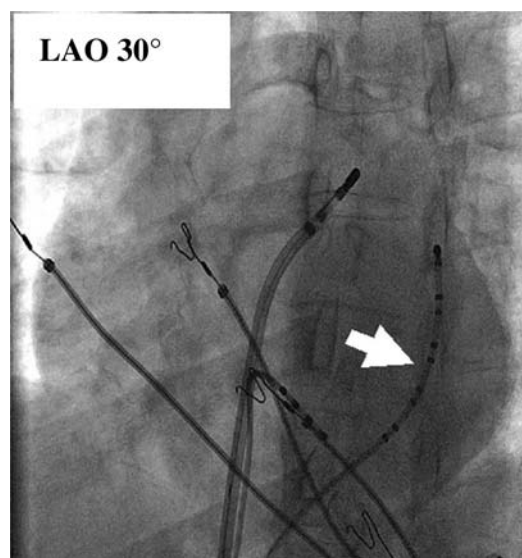
After completion of the procedure, only those cases that fulfilled the following criteria were included for data analysis: (i) the CS catheter was placed successfully and (ii) the femoral or jugular vein could be accessed. Patients with left superior vena cava or the iliac vein occlusion and/or an unusual CS anatomy were excluded.

## Coronary sinus catheter placement

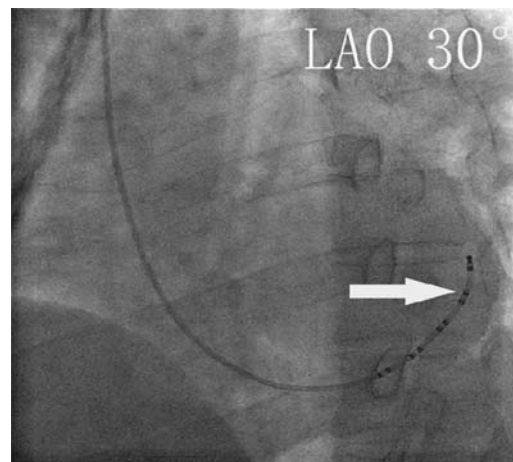
All CS catheterizations were performed on the same digital single-plane cineangiography unit with an under-table X-ray tube. A 7' magnification and pulse rate of 6-frames/s were selected to generally decrease the radiation exposure. All procedures were done with the same LAO 30° projection. A 6F steerable deca-polar catheter (Dynamic Deca, Bard Electrophysiology, Lowell, MA, USA) was placed into the CS via a femoral vein and the IVC for FVA approach (Figure 1). A 6F fixed curve deca-polar catheter (St Jude Medical, St Paul, MN, USA) was placed through the jugular vein and the SVC for JVA approach (Figure 2). Successful CS catheterization was defined by achievement of a stable catheter position with the distal electrode at the lateral margin of the heart and with the proximal electrode at the left side of the vertebral column (LAO 30°) within 20 min.

## Radiation protection

The rubber lead shield was placed at the edge of operating table in all cases. A movable acrylic lead overhead radiation protection shield with a patient contour cut-out (0.5 mm lead equivalent; MAVIG, Munich, Germany) was pulled down to the patient's abdomen only in cases of the FVA group. Standard protective measures, i.e. keeping a maximum distance from the X-ray tube and minimization of the field of view, were equally applied in all cases.



**Figure 1** This LAO 30° fluoroscopic image shows the coronary sinus (CS) catheter is placed at the coronary sinus via the femoral vein and inferior vena cava access approach. A deca-polar steerable CS catheter is indicated by the white arrow.



**Figure 2** This LAO 30° fluoroscopic image shows the coronary sinus (CS) catheter is placed at the CS via the jugular vein and supra vena cava access approach. A fixed-curve deca-polar steer CS catheter is indicated by the white arrow.

## Radiation measurements

An electronic Geiger Muller dosimeter (R.A. Stephen 6000; Centronics, UK) was used to measure the operator radiation exposure. It was attached to the breast pocket on the outside of the lead apron. The distance from the centre of the upper surface of the X-ray source to the dosimeter was measured in every case. The dosimeter has an energy response  $\pm 20\%$  between 35 keV and 1.0 MeV and a dose range display from 0 to 9.999 mSv in steps of 1 mSv = 1000  $\mu$ Sv. The radiation dose was recorded at the beginning and the end of each CS catheterization. The patient radiation dose was expressed as dose–area product ( $\text{Gy cm}^2$ ) and the fluoroscopy time was recorded for each case.

## Data analysis

All data are expressed as mean  $\pm$  standard deviation. Comparison analysis between the two groups was performed with the student's *t*-test. A *P*-value of  $<0.05$  was considered statistically significant.

## Results

### Patient characteristics

One hundred and fifty-nine consecutive patients who underwent EPS and RFCA were enrolled. Three patients were excluded from the analysis due to anatomic abnormality. Two were from the FVA group and one was from the JVA group according to pre-procedure assignment. Two patients were excluded due to CS abnormality as the CS catheter placement was abandoned after failure to manoeuvre via both access approaches. Another patient was excluded due to iliac vein stenosis, as the CS catheter was finally placed via JVA. There was a total of 156 (98%) patients included for study analysis. There were 80 patients from the FVA group, of which atrial fibrillation (AF) was diagnosed in 32, atrial flutter (AFL) in 13, atrial ventricular re-entrant tachycardia (AVRT) in 11, atrial ventricular node re-entrant tachycardia (AVNRT) in 18, atrial tachycardia (AT) in 4, and ventricular

tachycardia (VT) in 2 patients. Of the 76 patients from the JVA group, AF was diagnosed in 12 patients, AFL in 14, AVRT in 9, AVNRT in 17, AT in 6, and VT in 2 patients. There was no statistical difference of the patient characteristics between the two groups (Table 1).

## Radiation data

The results for the fluoroscopy time and radiation measurements are shown in Table 2. There was no statistical difference for the fluoroscopy time and dose–area product between the two access groups. The distance from the operator to the X-ray source was 77% greater in the JVA than the FVA ( $P < 0.001$ ). The operator radiation exposure was 79% lower ( $P < 0.001$ ) for the FVA than the JVA.

**Table 1** Baseline characteristics

	Femoral vein access	Jugular vein access	P-value
All patients, <i>n</i>	80	76	
Female, <i>n</i> (%)	38 (48)	35 (46)	>0.05
Age (years)	47.9 ± 15.2	48.0 ± 13.7	>0.05
Body surface area (m <sup>2</sup> )	1.97 ± 0.14	1.99 ± 0.17	>0.05
Hypertension, <i>n</i> (%)	58 (73)	52 (68)	>0.05
Diabetes, <i>n</i> (%)	10 (13)	9 (12)	>0.05
AVRT, <i>n</i> (%)	11 (14)	9 (12)	>0.05
AVNRT, <i>n</i> (%)	18 (23)	17 (22)	>0.05
AT, <i>n</i> (%)	4 (5)	6 (8)	>0.05
AF, <i>n</i> (%)	32 (40)	28 (37)	>0.05
AFL, <i>n</i> (%)	13 (15)	14 (18)	>0.05
VT, <i>n</i> (%)	2 (3)	2 (3)	>0.05

AVRT, atrial ventricular re-entrant tachycardia; AVNRT, atrial ventricular nodal re-entrant tachycardia; AF, atrial fibrillation; VT, ventricular tachycardia; AFL, atrial flutter; AT, atrial tachycardia.

**Table 2** Fluoroscopy time and radiation measurements

	Femoral	Jugular	P-value
Fluoroscopy time (s)	62.7 ± 45.8	61.9 ± 46.5	NS
Dose–area product (Gy cm <sup>2</sup> )	3.2 ± 2.3	3.1 ± 2.1	NS
Operator radiation exposure (μSv) <sup>a</sup>	1.8 ± 1.3	8.6 ± 6.5	<0.001
The distance between operator's chest and X-ray source (cm)	105 ± 8	65 ± 5	<0.001

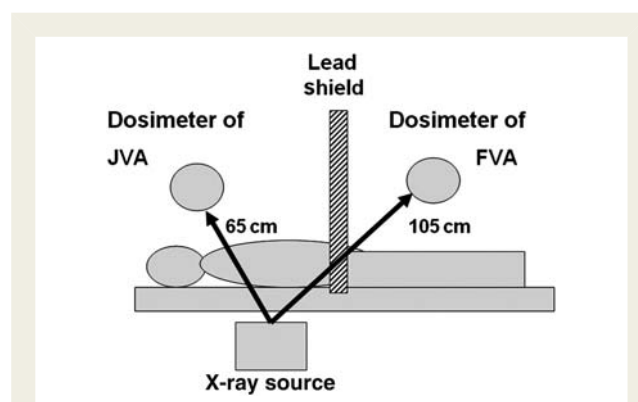
NS:  $P > 0.05$ .

<sup>a</sup>Ambient dose equivalent H\*(10).

## Discussion

The risk from radiation exposure arises from the use of ionizing radiation in the form of fluoroscopy X-rays during the diagnostic and ablation procedures. Exposure to doses of ionizing radiation poses a risk of detrimental effects for the procedure operators. The level of risk depends on the amount of the dose received by the individual.<sup>2,3</sup> Detrimental effects, such as malignant disease in those exposed and inherited defects in later generations, are stochastic effects for which it is assumed there is no threshold dose.<sup>4</sup> Although the health risk of radiation exposure in EP labs is well known, occupational risks of radiation exposure for EP physicians over a lifetime are poorly defined. Younger operators may have much higher exposure than their predecessors due to an increasing procedure volume such as AF ablation and CRT implantation procedures. The long-term impact of chronic radiation exposure on operators should be brought to the forefront.

There are many factors that may affect operator radiation exposure. In this study, two access methodologies of the CS catheter were evaluated and compared. All catheterization procedures were performed in the same cineangiography unit and by the same operator. The results of this study demonstrated that the CS catheter placement via the FVA approach incurred a significantly lower radiation exposure to the operator compared with the JVA approach. This radiation exposure difference between the two approaches could be attributed to several factors. The significantly greater distance between the X-ray source to the dosimeter during the FVA contributes a disproportionately greater decrease in radiation exposure, per the 'inverse square law'.<sup>5</sup> A lead shield may also more effectively protect the operator in the FVA approach. Mann *et al.*<sup>6</sup> demonstrated in their study that a movable floor shield is an effective way to reduce radiation exposure substantially (Figure 3). In this study, a movable acrylic lead overhead radiation protection shield was also specifically used in the FVA group.



**Figure 3** The cartoon illustrates the comparison of the distances from the operator to the X-ray source via the jugular vein access and the femoral vein access approaches. It also shows the protective lead shield placed between the operator and the X-ray source provides additional protection to the operator by femoral vein access approach.

The dosimeter placed at a height of 130 cm on the outside of the lead apron allowed for an estimate of the ambient dose equivalent  $H \times (10)$ . Such measurements are representative of neck and brain exposure. This has been raised as an important health issue for high-volume operators performing cardiac catheterization.<sup>6,7</sup> From the study of Von Boetticher *et al.*,<sup>2,8</sup> brain exposure can be expected to be ~63% of the ambient dose equivalent measured at a height of 130 cm. They also showed that the sum of the weight equivalent doses in all tissues and organs (effective dose E) can be derived from the ambient dose equivalent  $H \times (10)$  by the equation  $E = 0.029 H \times (10)$ .

The fluoroscopy time and dose–area product during catheterization also determine the radiation exposure dose. In this study, all procedures were performed in the same cineangiography unit and under the same conditions. The body surface area and the fluoroscopy time were similar in the two accesses. Thus, every factor for patient radiation exposure was either the same or similar, as the dose–area products were not statistically different.

Data from this study demonstrate that the CS catheter placement via the FVA provides a significant protective benefit to the operators as they often have hundreds of procedures per year in busy EP centres. Although no systematic study has been conducted to evaluate the radiation exposure hazard to an EP practitioner, it is conceivable that reduction in cumulative radiation exposure will provide a significant safety benefit for these busy electrophysiologists who perform daily EPS and ablative procedures for years.

## Conclusion

Operator-incurred radiation exposure can be significantly reduced by using the FVA with a steerable catheter when compared with the JVA with a fixed curve catheter during the CS catheter

placement. It is conceivable that high-volume operators will receive more profound protective benefits from the FVA for CS catheterization. This is a very simple study and concept, but one that highlights the importance of always being aware of radiation dose, even for simple procedures. We need to collectively always make ongoing efforts to reduce radiation exposure both to patients and operators.

## Acknowledgement

The authors would like to thank Mrs Edie Makler for her editorial assistance.

**Conflict of interest:** D.S.H. is the Chief Scientist of Bard Electrophysiology.

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## Editorial

# Internal Jugular/Subclavian Venous Access In Electrophysiology Study And Ablation

Shomu Bohora<sup>1</sup>, Jaganmohan Tharakan<sup>2</sup>

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## Abstract

Multiple venous accesses are required for catheter placement during electrophysiology study and ablation. Internal jugular/subclavian venous access, though restricted nowadays, can be important in difficult situations.

**Key Words:** Electrophysiology study; Venous access; Internal jugular vein; subclavian vein.

## Introduction

Evolution of mankind and science is a continuous process. The best and the fittest survive, while the others perish over a period of time. Charles Darwin's theory of evolution of mankind can also be considered for scientific evolution. Cardiology has advanced leaps and bounds in our current understanding, for diagnostics and treatment of disease and also has made advanced procedures available to a common man. The evolution in healthcare infrastructure has led to better disease diagnosis and treatment and overall improved patient care. Older and outdated methods of diagnosis and treatment have fast perished in the fast evolving healthcare sector.

Electrophysiology (EP), as a subspecialty in cardiology, has also witnessed a major change in diagnostic and treatment capabilities [1-3]. Not only the time taken for the procedure is reducing, but the current advancements have made the procedure more safe and dependable. Newer hardware and tools like 3 D anatomical mapping have evolved, making it easier to diagnose and treat even complex arrhythmia [1-3]. Routine EP study requires the placement of multiple catheters, traditionally 4 catheters, for appropriate recordings and diagnostics. This requires multiple venous accesses to be taken. Femoral veins offer the best access sites to position the EP catheters within the cardiac chambers. Internal Jugular vein (IJV) or subclavian venous access have been used traditionally for placement of fixed curve decapolar catheters for coronary sinus recordings, due to easier cannulation of coronary sinus from superior aspect. In this article we would review the importance of superior venous access in electrophysiology studies and its changing scenario.



**Anatomical and hardware related issues for obtaining appropriate recordings and selection of venous access sites**

Routinely, one recording catheter is placed each in the right atrium, right ventricle, tricuspid annulus in the His bundle region and the coronary sinus during an EP study. All these regions are accessed from the right side of the heart and hence only venous access is required during a standard EP study. Arterial access is used for mapping the left ventricle, aorta and the mitral annulus and for pressure monitoring. Depending on the site of ablation, a venous or arterial access for ablation catheter in addition is required during ablation. Hence on a routine 5 catheters are required during a routine EP study and ablation for which 4 or 5 venous access need to be taken. However after many years in practice and evolution of diagnostic maneuvers, arrhythmias can be diagnosed and treated reliably with lesser number of catheters [4,5].

Most of the routinely used EP catheters are either fixed curve or deflectable distally. They are more rigid when compared to the catheters used in interventional cardiology. Most of the catheters are non-luminal catheters and hence cannot be tracked over a wire in case of vessel being tortuous. Hence venous accesses which offer the least tortuous course offer the best access sites. Access from the femoral veins, right internal jugular vein and the left subclavian vein offer the course of least resistance because the angulations further in their course are gentle. Also since these veins are large in adults and can accommodate larger and multiple sheaths, multiple and large size catheters, which are routinely used during EP study, can be passed through a single vein easily in adults.

Routinely the venous access taken during EP study is the femoral vein through which 2-3 catheters can be placed through each vein. In addition when a fixed curve decapolar catheter is used for coronary sinus recordings, a right IJV or a left subclavian venous access is routinely being used, which offers easy cannulation of the coronary sinus. With the availability of deflectable quadripolar/decapolar catheters, coronary sinus cannulation can easily be done from the femoral venous route and there exists hardly a need for either IJV or subclavian venous access in a routine EP study and RFA. Occasionally femoral veins in their course to the inferior vena cava (IVC) can be tortuous, making passage of EP catheters difficult, but the problem can be circumvented easily by using long sheaths through the femoral veins into the IVC.

**Conditions in which femoral access route may be difficult or not feasible and hence superior venous access is required**

Congenital anatomical anomalies of the femoral veins, iliac veins or the IVC in the form of smaller vessel size, bifurcating veins, excessive bends and tortuous course, interruption or agenesis may lead to impossible or difficult catheter placements from the femoral venous route. Partial obstruction of veins by either, membrane, stenosis or thrombosis which may have been asymptomatic may also present difficulties. Iatrogenic blocks, like IVC filters for preventing pulmonary thromboembolism, would possibly contraindicate femoral venous access in certain patients. In such conditions most or all of the catheters may need to be placed from the superior route and has been described before in various reports [6-14]. In this issue of the journal, in case report by Karthigesan et al [15], of a patient having left sided IVC with hemiazygous continuation, placement of catheters through the right IJV was done due to inability to position catheters from the femoral access route. Also ablation was done from the IJV access. In the case report by Jorg et al [16], for ablation of atrial flutter, all catheters were placed from the superior route because of the presence of an IVC filter.

### **Conditions in which target site for recording or ablation is better accessed from the superior venous route**

A superior route of access for recording signals from the coronary sinus is easier as catheter cannulation of the coronary sinus ostium is easier and even fixed curve decapolar catheters can easily be introduced within the coronary sinus from either the right IJV or the left subclavian vein. However, with the availability of deflectable decapolar and quadripolar catheters, coronary sinus cannulation and subsequent catheter placement and recordings can easily be obtained through the femoral venous access. Hence for routine diagnostic EP procedures when deflectable catheters are used, only femoral access needs to be taken in most cases.

Ablations for true posteroseptal pathways, which may be epicardial, and have to be ablated from within the coronary sinus, a superior route may offer better success and easy maneuverability [17]. In cases of failed ablation from the femoral route, a superior route of access of ablation catheter for ablation within the coronary sinus or the middle cardiac vein has been successful primarily because of the reach and apposition to target tissue of ablation is much better from the superior route. Sometimes right free wall accessory pathway ablation when required to ablate from under the tricuspid valve leaflets, right anterior and para-hisian accessory pathway ablation may require approach from the superior route, so as to obtain a stable catheter position. However with the availability of long sheaths of different curves to achieve better catheter stability and ablation catheter with bi-directional distal tip, a superior route of ablation may hardly be required for accessory pathway ablation.

Pediatric EP studies have become much more common than before and are been done in very young age groups also. A major source of concern in pediatric procedure is the limitation of venous access because of the small sized vessels. Even with availability of smaller sized catheters, one or two catheters only can be passed from each of the femoral veins. Also coronary sinus cannulation is much more difficult from the femoral access route. Therefore, especially in pediatric age group, IJV and subclavian veins access for catheter placement is much more of a necessity when compared to the adult age group [18-20]. Esophageal pacing in substitute for atrial catheter can be used to limit the number of venous access sites in children [21].

### **Problems and disadvantages of a superior venous access**

In the era of modern medicine, patient comfort is as important as a safe and successful procedure. Patient comfort during an EP study is best with femoral only access. Manipulation in the neck and chest region is associated with more discomfort during the procedure especially with the prolonged time a patient is not allowed to move the neck or the hands when a superior access is taken. Also superior venous accesses are more likely to have venous access related minor and major complications as compared to a femoral venous access. Access scar marks from the superior route may not be acceptable to some patients.

Not only does the patients feel comfortable with a femoral venous access, the operator too is comfortable to move the catheters from down below rather than from the patients head end. With the usual training, the procedural skills of an operator for catheter manipulation from the femoral route, is much more precise and easier. Catheter manipulation from the superior route, except for cannulation of coronary sinus would require extra effort and time. The expected movements of catheters from the superior route may sometimes be imprecise due to non familiarity of position and anatomy, which would translate in more risk for causing complications, especially during ablation near the His bundle region. Innovative maneuvers that achieve better catheter stability are required, as has been described by Jorg et al [16] in their case report of ablation of atrial flutter. Radiation exposure for the operator is higher when working from the head end of the patient and

with the increased fluoroscopy times; it translates into an increase of total radiation exposure to both the patient and the operator.

### **Summary**

Internal jugular and subclavian venous access has been fast replaced by only femoral venous access during routine electrophysiology procedures due to availability of operator friendly hardware and greater patient comfort. However for placing catheters and ablation within the coronary sinus, pediatric procedures and situations in which obtaining femoral access for catheter placements is difficult, access through the superior route comes to the rescue and offers a chance for diagnosing and treating the arrhythmia successfully. Rather than extinction, access through the internal jugular and the subclavian veins would continue to enjoy the part as a rescuer for the times to come.

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